### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if inst PLACE OF DEATH o. COUNTY b. COUNTY a. STATE ALIEGANY MARYLAND ALLEGANY MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 6 HRS. MT. SAVAGE e. IS RESIDENCE ON A FARM? YES NO K d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF Middle 4 DATE First Last Month Year DECEASED OF. GRIFFITH ADAMS 30. 19 67 THOMAS JUNE. DEATH (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH IF UNDER 1 YEAR SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED X NEVER MARRIED birthdoy) Hours DEC. 4. 1888 MALE WHITE DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? CELANESE CORP MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE ADAMS EDITH GRIFFITH 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war or dates af service) 214-07-5155 MRS. ISABEL ADAMS. MT. SAVAGE. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: OCCLUSION CORONARY IMMEDIATE CAUSE (a) DUF TO SCLEROSIS CORONARY Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark al wark 21. I certify that I taok charge of the remains described above, held an Autopsy , c Inspection XX Inquiry XX and in my apinian deoth resulted fram: Suicide . Homicide Undetermined manner Natural causes 15 Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER 🖂 NAME (Type) BENEDICT SKITARELIC MD. Address (Street, city, tawn, ar caunty)( rund ser 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b DATE THEREOF MT. SAVAGE, MD. JULY 2. METHODIST CEMETERY PEGD BY REGISTRAP 1967 24. FUNERAL DIRECTOR ADDRESS JOSEPH R. DURST, SR., FROSTBURG, MD

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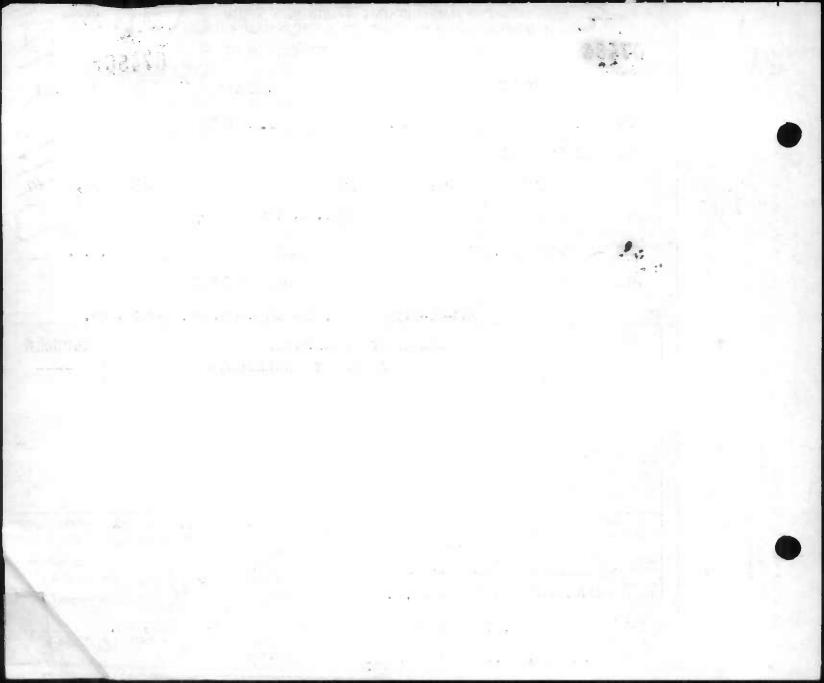
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0749			CERTIFICA	TE OF DEAT	Ή	0745	17
1. PLACE OF DEA' a. COUNTY	ALLEGANY		MARYLANG	a. STATE	NCE (Where deceased	d lived, If instruction b. COUNTY	n. Residence before admission ALLEGANY
Write RURA	WN (if outside corpora L and give nearest to ERLAND	wn)	c. LENGTH OF STAY IN :	c. CITY OR TOWN	LAND	te Ilmits, write RU	RAL and give nearest town
	DESPITAL DR INSTITUTION HEART HOS		ospital, give street addre	1600 - 140	ss MEWOOD ADI	DITION	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		irst H	Middle JANE	ALBRIGHT	4. DATE OF DEATH	JUNE	0ay Year 24 19 67
5. SEX FEMALE	6. CDLOR OR RACE WHITE	7. MARRIED WIOOWEO		8. DATE OF BIRTH	80 las	st birthday) Mont	DER 1 YEAR   IF UNDER 24 HRS hs   Oays   Hours   Min.
during most of wor	ATION (Give kind of work king life, even if retire EWIFE	(done 10b. R	IND DF BUSINESS DR NOUSTRY	11. BRTHPLACE Bedioro	(County & State, or f	Penna.	COUNTRY? U.S.A.
13. FATHER'S NA JOHN A		EHL		14. MOTHER'S MA	AIOEN NAME	WHER HOOF	PENGARDNER
(Yes, no. or unkown)	DEVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16. of service) 2	20 -03 -7508	7. INFORMANT HOSPITAL R	ECORD	Address	
18. CAUSE DI PART I.	F DEATH (Enter only or DEATH WAS CAUSED B' IMMEDIATE CAUSI		line for (a), (b), and (c).] DENOCARC I NOMA	OF THE STOM	IACH		DISTRIPLE DESTRUCTION
Conditions, If	DUE		BOMINAL CARC	INOMATOSIS			2 MO.
cause (a), underlying ca	stating the DUI	(c)	RTERIOSCLEROT				BO YRA.
	RESIGNIFICANT CONDITION OF THE		LEROSIS AD	VANCED AGE	AL OIS EASE CONOITI	ON GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMEO?, YES ND
20a. ACCIOEN DR CONTRIBU (IF EITHER, N	T WAS UNDERLYING TING CAUSE DF DE OTIFY MEDICAL EXAM	20b. ATH INER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature <b>NE</b>	of Injury In Part I	or Part II of Iten	n 18.)
Hour a	FINJURY Month, Oay, i.m. 19	While	Lad thor sattles Lad	PLACE OF INJURY (Home acton GME), office bldg			(County) (State)
21. I cert			led the deceased from	that death occurred a	19 67 to JU	NE 24, the causes and	9 67, that (I) (we) las on the date stated above 0. 04 E SIGNEO
22a. S GNA		wire.	rmd.	M.O. PHYS.	OIRECTOR	STAFF DHYS.	-25-67
22c. PHYSIC NAME	Type) DR. JA	MES P.	HALLINAN	22d. ADDRESS 140 B	EDFORD ST		
Burial (S	pecify) 6/27	THEREDF	Fairview Chi	ristian Ceme	tery Ar	temas, Pe	nna.
JOHN	MONN	NERAL H	OME 230 BAL		JUN 2 8 19		TRAR'S SIGNATURE

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140 SEDFORD ST., CUMBERLAND, MD.

JOHN J. HAEER FUNERAL MAKE, 200 ÇALT. AVE.

DR. JAMES F. HALLINA

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07482	)	TICAL RESEA			OF DEATH		07	458	
	COUNTY	egany		MARYLA	AND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceosed live	ved, if institution: b. COUNTY		e odmission)
l	CITY OF TOWN (	if outside corporote limit give pearest town) erland	s,	c. LENGTH OF STAY IN 4 mont		Cumbe	side corporote lir	nits, write RURAL	01.	,
(		AL DR INSTITUTION (If no				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		any Count				Furnace				YES NO 🔀
	NAME OF DECEASED (Type or print)	Mary	rst	Middle <b>Nao</b> m		Arnold	4. DATE OF DEATH	June	Doy	19 67
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AG		Nonths Doys	Hours Min.
	emale	White	WIDOWED	and -		Oct. 3,			10 6(7)7511 01	5 IMILAY
10o duri	ng most of working Housew	(Give kind of work done lite, even if retired) <b>1.19</b>		ND OF BUSINESS DR DUSTRY		11. BIRTHPLACE (County Keyser)	W.Va.		12. CITIZEN DI COUNTRY 2	J.S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				
	Sting	ley Sears					ah Kopp			
IS.	WAS DECEASED EVE s. no. or unknown)	R IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		25 Harren		
,	No	(If yes give war or dotes o	122	20-52-9745	Rayı	mond F. Arn	old Cun	berland		
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) <u>Ce</u>	(o), (b), ond (c).)	10	mento a	und	T		TERVAL BETWEEN ISET AND DEATH
21	rise to immediat stating the unde lost.	e couse (o), rlying couse	(c)	Jy pert	1,	won.			(J	~
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBENTING 1	TO DEATH BUT NOT RELAT	TED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN	PART I(o)	V.	WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY DCC	URRED. (I	Enter noture of injury in I	Port I or Port II o	f item 18.)		
MEDICAL	Hour o.	m 19	While	Not While	focto	E OF INJURY (Home, form ry, street, office bldg., etc.)	, 20f. (Ci	ty or town)	(County)	(Stote)
	21. I certi	fy that (1) (this has	spital) atten	ded the deceased for	ram_F	3b. 9	907 ta	June 7	_, 19 <u>_67</u> tl	hat (I) (we) la
	saw the d	eceased alive an_	Jun	<b>9</b> 7 19 <b>6</b> 7, ar	nd that	death accurred at	TO: 50, #	m causes ar		
	220. SIGNATURE	200	1.	/		ATTENDING	MED.	STAFF	22b. DATE SIGN	NED
	22c. Physician's	MERTY	VVY	Corco	M.D	I 22d ADDRESS	DIRECTOR L	PHYS.		
-	NAME (Type	George S	imons			Memoria	al Hosp	pital,	Cumb.	, Md.
730	BURIAL, CREMATI		EREOF	1 23c. NAME OF CEMETI	ERY OR C	REMATORY	23d. LOCATI	DN (City or Town	) (County	y) (State)
200	REMOVAL (Specify Burial	1 6 0 67		Greenmount			Cumber			Maryland
24	. FUNERAL DIRECTO			ADDRESS	2 0214		BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATU	
Η.	Lee Sil	cox 40	Decat	ur St. Cum	nb .	Md. DATHIN	9 196	37 year	carles of	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, crematian, or removal, and many event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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A CHAIN COMPANY AND THE PROPERTY OF THE PROPER	Van Strander Co.			N-10	

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07483

#### CERTIFICATE OF DEATH

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	CERTIFICATE	OI DEATH	W12	44
O. COUNTY		. CTATE	deceosed lived, if institution: Resider	
ALLEGANY	MARYLAND	O. SIAIL MARY	LAND " AL	LEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and pive BOER TOWN) ND	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RURAL and giv	e nearest tawn)
	2WKS.3DAYS		EKLANU	01.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in MEMORIAL HOS		d. STREET ADDRESS	ELDER STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) DECEARS	VIRGINIA E	DEICHNED C	DATE Month DE JUNE	Doy Year 4 19 67
S. SEX 6. COLOR OR RACE 7,	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
FEMALE WHITE	VIDOWED \ DIVORCED	9-10-1898	68yrs.	
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote	((	TIZEN OF WHAT
during most of working life, even if retired)	OWN HOME	WESTERNPO	RT, MD.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHARLES SHEETZ		MARIE PET		
<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?</li> <li>(Yes, no, or unknown) (If yes give wor or dotes of ser</li> </ol>	vice) 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
no	220-03-7515	MEMORIAL	HOSPITAL, CUMB	ERLAND, MD.
18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o) _	Acute Massive Co	ronary Thrombo	sis	ONSEL AND DEATH
DUE TO				
Conditions, if onγ, which gove (b) rise to immediate couse (o),	Arteriosclerotic	Cardio-vascula	r Disease	years
stoting the underlying couse				
lost. (c)	Chronic Rheumatic			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a)	PERFORMED?
8	L col pressure trans transport	fr	B A H C A A A A	YES NO 🔀
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part 1	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLAC		20f. (City or town) (Co	unty) (Stote)
p.m. 19	While at work Of work of work	ory, street, office bldg., etc.)		
21. I certify that (I) (this haspita	l) attended the deceased fram	Sept. , 195	, ta June , 199	57, that (I) (30e) las
saw the deceased alive an Jru	ne 4 19 67, and that	death accurred at 2:	4 gy from causes and an t	he date stated above
220. SIGNATURE	Kerley M.	ATTENDING MED. DIRECT	STAFF -	ate signed une 4,1967
22c. PHYSICIAN'S NAME (Type) DR. OVERTO	N HIMMELWRIGHT	22d. ADDRESS 133 VIRGI	NIA AVENUE, C	
23o. BURIAL, CREMATION, 23b. DATE THEREO	F 26c. NAME OF CEMETERY OR	CREMATORY . 2	3d. LOCATION (City or Town)	(County) (State)
Burial June 7.		0	Cumberland Md.	Vicentia
24. FUNERAL DIRECTOR	ADDRESS and		REGISTRAR 2Sb. REGISTRAR'S	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral marker, page 3 should be detached far use as the burial-transit permit. Then please sempre corban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death Page 4 may be retained by the hospital or ottending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

AS CTATISTICAL DESCADER AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

0748	4		CERTIFICAT	E OF	DEATH		0	7460	
1. PLACE OF DEATH o. COUNTY	llegany		MARYLAND	2. <b>USU</b> a. S	TATE	Where deceosed yland	l lived, if institution b. COUNTY		
write RUPAL ar	(If autside carporate limits, and give pearest tawn)		LENGTH OF STAY IN 16		Lon	utside corparote naconii	limits, write RURAL	71-1	
	TAL OR INSTITUTION (If not in ners Hospit		treet address)	d. STRI	ET ADDRESS Han	ekamp	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Erma		Middle B	rodi	Last	4. DATE OF DEATH	Month Jun	Doy 6	Year 19 <b>67</b>
S. SEX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIED	8. DATE (			AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
Female	White	WIDOWED	DIVORCED 🗍	10			49 Yrs.	Months Doys	Haurs Min.
during mast af working House	N (Give kind af wark dane g life, even if retired)	10b. KIND O	F BUSINESS OR RY		THPLACE (County			12. CITIZEN OF COUNTRY?	WHAI
13. FATHER'S NAME	MITE			14. MC	naconi THER'S MAIDEN		aryland	U.S	one
	John Hutc	heson			Bess	ie Del	Vault		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of se	16. SOCIA		informar.Ro	bert B	rodie	Address Lona	coning,	Md.
18. CAUSE OF C	DEATH (Enter only ane cause ATH WAS CAUSED BY:	per line for (a),	(b), and (c).)	Husb		D44.610	tin		ERVAL BETWEEN SET AND DEATH
434	IMMEDIATE CAUSE (a)  DUE TO	OF	to guerr	LONG	eng +	- J	· 6 434	1)	lus.
rise to immedia	te couse (a)	Any	raciable	, Co	ngesi	ure -	puller	2 /	days
stoting the und	erlying couse DUE 10						V		9
last.	) (c)					THE PERSON OF THE PERSON	AL DART 1/ 1	110	WAS AUTOPSY
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT		reast a	20	novas	-	astese		PERFORMED?
OR CONTRIBUTIN	AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIE	E HOW INJURY OCCURRED	. (Enter na	ture of injury in	Part I or Part I	II af item 18.)		
된 Haur a	JURY Manth, Day, Year .m. 19	20d. INJURY While of wark			URY (Hame, far , affice bldg., etc		(City ar town)	(Caunty)	(State)
21. I cert	tify that (I) (this haspit	al) attended	the deceased fram_			19_65, ta	June 6	1967, th	nat (I) (we) l
	deceased alive an	une l	19 <u>67</u> , and th	at death	accurred a	112130AM,	Ycom causes ar		
22o. SIGNATUR	Lan	ules	And.	A.D. PHY		MED. DIRECTOR [	STAFF PHYS.	22b. DATE SIGN	·67
22c. PHYSICIAN NAME (Typ		ILES	JRM.C	) , 220	ADDRESS O	NAC	ONIN	GN	10.
230. BURIAL, CREMAT			BC. NAME OF CEMETERY OF				ATION (City or Town	(County	,
REMOVAL (Specif	1 0/8/0	7 1	It. View Ce	mete	ry		SCOW	A.	Md
24. FUNERAL DIRECT	OR		ADDRESS		2So. REC	D BY REGISTRA	R 2Sb. REGI	STRAR'S SIGNATUR	<b>4</b>

Lonaconing,

Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely threed in by the funer director, page 3 shauld be detached far use os the burial-transit permit. Then please remave carbon papers. Pages 1 ar shauld be filed with the State Dept at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after de Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

George Eichhorn

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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FOR STATE HEALTH OF

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amy delay is in pencil in Item 18. Give Rages 1, 2, and 3 ta necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with form PM3. Page 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department Health or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after dea

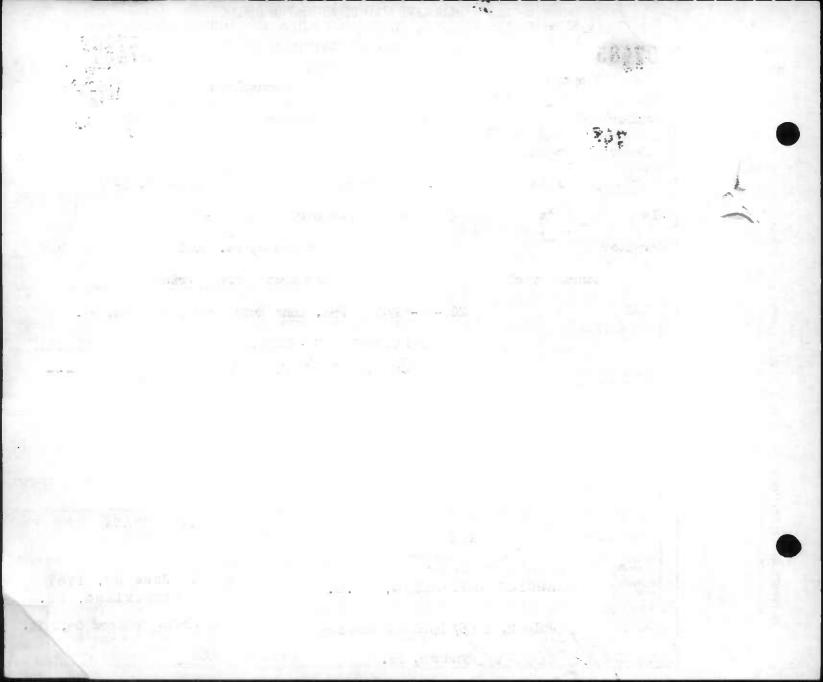
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G390 7/10/67 pc

074	85	MEDICAL EXAMINER	S CERTIFICATE C	OF DEATH	7461
PLACE OF D     O. COUNTY	Allegany	MARYLAND	CTATE	Where deceosed lived, if institution b. COUNTY	
b. CITY OR Cumbe	TOWN (If autside carparate limits, RAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write RURA	L ond give neorest town)
d. NAME OF	HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Memo	rial H0spital				ON A FARM?  YES NO X
3. NAME OF DECEASED (Type or pri	Firs Adam	t Middle H. Bru	Lost	4. DATE Month.  OF June 30,	/
S. SEX	6. COLOR OR RACE White	7. MARRIED A NEVER MARRIED DIVORCED DIVORCED	January 6,	1967 92 birthdoy) yrs.	Months Doys Hours Min.
during most of	UPATION (Give kind of work done working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Fairhope	or foreign country) , Pa. RD#1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S I			14. MOTHER'S MAIDEN		
	Conrad Bruck		Margaret	Frey Brinck	
(Yes, no NO	ASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of	service) 16. SOCIAL SECURITY NO. 17 200–05–4172A	Mrs. Anna R	uth Bruck, Hynd	
PART Fonditions rise to im	F OF DEATH (Enter only one couse I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T s, if ony, which gove mediate couse (o), e underlying couse  (c)	CORONARY  CO  CORONARY  CO  CORONARY			INTERVAL BETWEEN ONSET AND DEATH SUDDEN
PART II. O	THER SIGNIFICANT CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY (	RNAL CAUSE WAS I or Contributing  DEATH.	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME	OF INJURY Month, Day, Yeor lour o.m. p.m. 19		LACE OF INJURY (Home, forn octory, street, office bldg., etc.		(County) (State)
	resulted from: Noturol  Sesseduct  R'S BENEDICO	of the remoins described obove, couseXXX Accident , Su	Jicide, Homicide CHIEF MEDICALM.D. ASSISTANT MED DEPUTY MEDICAL	Undetermined more EXAMINER OICAL EXAMINER AL EXAMINER IN June	22. DATE SIGNED
230. BURIAL, CI	REMATION, 23b. DATE THER	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town Hyndman, B	(County) (Store) edford Co. Pa.
24 FUNERAL I	DIRECTORY 700 ala	ADDRESS	2So. REC'I	D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE

VR A15ME (5) 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 中で大 Maryland Allegany Allegany MARYLAND by th deat b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 5 Pages McCoole McCoole filled years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO McMullen McMullen executed NAME OF 4. DATE Year Middle Month Day DECEASED OF DEATH (Typa or print) 1967 Cicchetto Michele June AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Min 80 6 May 1887 Male WIDOWED DIVORCED T physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Raulroad Railroad Italy please = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Antonio Cicchetto Francesca Panteleo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address McCoole, Md. (Yes, no. or unkown) | (If yes give war or dates of sarvice) No permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit cremation, DUE TO peen Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying the ceuse last. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 38 0 CERTIFICATION PERFORMED? use prior NO K YES 20a. ACCIDENT WAS UNDERLYING [ detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) jo factory, street, office bldg., etc.) While Not While at work at work DIRECTOR 2 6/26/ 19 67that (I) (we) last plnods PO/8.19 and that death occurred at 9:50, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a SIGNATURE SIGNED ATTENDING death. Page 4 HOSPITAL page with th PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS Mineral 22c. PHYSICIAN'S director, pe be filed w NAME (Type) Keyser, W. Va. 26726 Harry F. Coffman, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) W. Va-July 1967 St. Thomas Burial 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marilan Keyser, W. Va. VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 20M 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07487

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ALLEGANY MARYLANO	a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CUMBERLAND ( RURAL ) 01/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS ROAD e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL	RT. #5, BOX 361-A, WINCHESTER YES NO X
3. NAME DF First Middle DECEASED (Type or print) WILLIAM B.	Last 4. DATE Month Day Year COLEMAN DEATH JUNE 9 19 67
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   8  MALE   WHITE   WIOOWED   OLVORGEO	8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LIFT TRUCK OPERATOR  CELANESE CORP	11. BIRTHPLACE (County & State, or foreign country)  MIDLAND, MARYLAND  12. CITIZEN OF WHAT COUNTRY?  L. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH A. COLEMAN	NETTIE ( BUSKIRK ) COLEMAN
(Yes, no, or unknown) ((If yes nive war or dates of service)	INFORMANT 900dd SETON DRIVE
(Yes, no, or unknown) (If yes give war or dates of service) 214-07-5793	HOSPITAL RECORD CUMB., MD. 21502
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-	INTERVAL BETWEEN ONSET AND QUATH
PART 1. DEATH WAS CAUSED BY: Multiple jes	vatous 1) audline 10 d.
34/1 OUE TO Penton ten	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the OUE TO underlying cause last.	
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATI	PERFORMEO?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLAI   4 Hour a.m.   20d. INJURY OCCURRED   20e. PLAI   facto.   20d.   20d	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1948, to 9 ferre, 1967, that (1) (we) last
	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE M.O	ATTENOING MEO. OIRECTOR PHYS.   22b. OATE SIGNED 6/12/67
22c. PAYSICIAN'S NAME (Type) DR. S. G. WEISMAN	22d. AOORESS 59 GREENE ST., CUMB., MD. 21502
23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial June 12. 1967 Rose Hill Ce	emetery Cumberland, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a, REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
John J. Hafer Jr., 230 Balto Ave. Cumber	
	* 7

1	1	150	5	1	1	7
1				-		

WILLIAM

HILE WHITE

JUSEP 4. COLEMB

PARYLAND

3 LAYS CURELLAND ( AGELL )

SACKED HEART HOSPITAL RT. WS, BOX 361-A, VINCHESTER

COLEMAN

1 = 7 - 5-7

LIFT TRUCK OPERATOR CELATESE CORP. MIDLAND, MARYLAND . W.S.R.

HETTIE ( JUSKING ) COLE AN

215-07-572) HUSPITOL RECORD CHOB., NO. 21507

OR. S. C. VETSIAN

SO CREENE ST., CUME., W. 21502

E Comment of the second

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. etely filled in by the funera arban papers. Pages Land hours burial, crematian, or remaval, and in any even camp remave physician and please the attending phys burial-transit signed by as the O FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior to detached far shauld be directar, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

Division of STATISTICAL R	MARYLAND STATE DE			AND 21201
07100	CERTIFICATE	OF DEATH		07464
1. PLACE OF DESTROO			nere deceased lived, if instituti	
a. COUNTY ALLEGANY	MARYLAND	a. STATE MARY	LAND b. COUN	ALLEGANY
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carparate limits, write RUR	AL and give nearest tawn)
write RURAL and give nearest town) CUMBERLAND	4DAYS213HRS.	CUMB	ERLAND	01.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hasp	oital, give street address)	d. STREET ADDRESS		e. IS RESID ON A F
MEMORIAL HOSP	ITAL	229	COLUMBIA ST	REET YES
3. NAME OF First	Middle	Last	4. DATE Mant	h Day Yeo
OFCEASED (Type or print) HAZEL	C.	COLLINS	OF DEATH JUN	
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATÉ OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours
FEMALE WHITE WIDO	WED DIVORCED	SEPT. 14, 1191	13 53 yrs.	Manths Days Haurs
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking lite, even if retired)	ob. KIND OF BUSINESS OR INDUSTRY Insurance Agency	11. BIRTHPLACE (County & ROMNEY, W	State, ar fareign country)  VA	12. CITIZEN OF WHAT COUNTRY?
10 CATHER'S NAME		14 MOTHED'S MAIDEN NA	MC	

ARM? NO K 24 HRS Min. SA 13. FATHER'S NAME MOTHER'S MAIDEN NAME CRITES SIRK ROSA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service CUMBERLAND. NO UNKNOWN INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION NO 205. DESCRIBE HOW 20a. ACCIDENT WAS UNDERLYING OCCURRED (Enter-nature at miury in Part I ar OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m While Not-White factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) ottended the 1967, that (I) (we) last from causes and and that death accurred an the date stated above. saw the deceased alive on 62 at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED STAFF 6-20 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MIRKIN CENTRE ST. CUMBERLAND, MD. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) SUNSET MEMORIAL PARK CUMBERLAND. MD. JIINF. 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATUL BYRON KIGHT CUMBERLAND, MD.

TO DEPUTY (C.A. EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, many please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur. Sirector. Page 2 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Spite Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after dailth.

VS. A15ME SM 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07485

1. PLACE OF DEATH a. COUNTY				
				tution: Residence before admission)
100	MARYLAND	a. STATE	b. COUNTY	A 7 7 a manus
b. CITY OR TOWN (if oulside corporete limits,	c. LENGTH OF STAY IN 1b		yland If outside corporate limits, write RL	Allegany
write RURAL end give nearest lown)	C. ELITOIT OF VIXT IN 10	C. CITT OK TOWIT	il duside corporate limits, write Ke	KAL and give nedical lowing
Dawson		Daws	on	01.1
d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Home Near Dawson	PART ATTEMPT	Keyser	Route 3	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print)			OF DEATH T	
roper.r	Edwin Crur	mbaugh	June 1	19 67
6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8.	. DATE OF BIRTH	1 1 1 1 1 1 1 1	UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WID	OWED DIVORCED	Jan. 29.18		onths Days, Hours Min.
Oa. USUAL OCCUPATION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
	perator	Frederic	k, Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Grayson E.Crumbaugh	a	Alice	C.Riggs	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.   17. II	NFORMANT	Address	
Yes, no, or unkown) (If yes give war or detes of service)	4-	13 12 m D C	13 / / / /	1
Yes WW1 2		uriel B.Cr	umbaugh, (Wif	
18. CAUSE OF DEATH [Enter only one cause				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronar	y Occlus:	ion	Sudden
4 40 DUE TO				
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Cor	conary Sc.	lerosis	
Conditions, if any, which geve rise to immediate cause				
(a), steting the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	
				YES NO
20a. EXTERNAL CAUSE WAS   20b. D	ESCRIBE HOW INJURY OCCURED, (E	nier nature of injury in Pe	rt I or Pert II of item 18.)	1.10
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fer	n, † 20f. (City or lown)	(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Not While factor	CE OF INJURY (Home, ferrory, street, office bldg., etc	m, 20f. (City or lown)	(County) (State)
20c. TIME OF INJURY Month, Dey, Year Hour a.m.	While Not While factors work et work	ory, street, office bldg., etc	)	
20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Not While factors work et work	ory, street, office bldg., etc	)	
20c. TIME OF INJURY Month, Dey, Year Hour a.m.	While Not While factors work et work remains described above, he	ory, street, office bldg., etc	)	and in my opinion
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 e	While Not While factors work et work remains described above, he	ory, street, office bldg., etc	Inspection X, Inquiry Undetermined man	and in my opinion
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 e  21. I certify that I took charge of the	While Not While factors work et work remains described above, he	Id an Autopsy	Inspection X, Inquiry , Undetermined man	X, and in my opinion mer
20c. TIME OF INJURY Month, Dey, Year Hour s.m. p.m.  21. I certify that I took charge of the death resulted from: Natural causes	While Not While factors work et work remains described above, he	Id an Autopsy , fide , Homicide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEE	Inspection X, Inquiry , Undetermined man EXAMINER  DICAL EXAMINER	and in my opinion ner
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m.  21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE SOLUCION STATES  EXAMINER'S Devocion of the control of	While Not While factors work stwork Accident Suici	Id an Autopsy , fide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICA	Inspection X, Inquiry , Undetermined man EXAMINER   DICAL EXAMINER   JUNE JUNE  LEXAMINER X JUNE	And in my opinion ner DATE SIGNED
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m.  21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE PROBLEMENT A	While Not While factors work stwork Accident Suici	Id an Autopsy , fide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street,	Inspection X, Inquiry , Undetermined man  EXAMINER   DICAL EXAMINER	X and in my opinion ner   DATE SIGNED 11, 1967 Cland, Marylai
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19  21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE PROBLECT STAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	While Not While factor of work of twork of two	Id an Autopsy , fide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street, CREMATORY	Inspection X. Inquiry	X and in my opinion ner   DATE SIGNED 11, 1967 Cland, Marylan
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE PRINCEL	While Not While factor of work of twork of two	Id an Autopsy , fide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street,	Inspection X, Inquiry  Inquir	A and in my opinion ner   DATE SIGNED  11, 1967  Pland, Maryla
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE PROBLECT STAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	While Not While factor of work of twork of two	Id an Autopsy , fide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street, CREMATORY	Inspection X, Inquiry  Inspection X, Inquiry  Inspection X, Inquiry  Include the control of the	and in my opinion ner   DATE SIGNED  11, 1967  Cland, Maryla: (Stele)

Tobort Towns Crushwich Land The A.S. U. and Yelle reals Constitute of the consti anning solid developed . To present inti u ,dingmunci. S fetoni (Ses - St-450 ) intimport, u ith Done M. C. Skitstolio, F. J. C. J. Company of Manager Torrest Control - Table Control Control of the Table Control of the Control of th

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

07490

#### CERTIFICATE OF DEATH

07466

_		•										
1.	o. COUNTY	LLEGANY		MADVIAND		2. USUAL RESIDENCE (W	There deced	h (OII		te before	odmissio	n)
-				MARYLAND  c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If out		_	IDAL and aive	noorest	town)	<del>/-</del>
	write RURAL and	f outside corporate limits, Laive nearest town) MBERLAND		13 DAYS			BERL		KAL OIIG GIVE	01.1	/ /	
		AL OR INSTITUTION (If not in		ive street oddress)		d. STREET ADDRESS 14 QUEEN	CIT	Y PAVEM	ENT		ON A FA	ARM?
			71	54: 1 II			4 5475	Mon	.1			
3.	NAME OF DECEASED (Type or print)	First	RA	Middle G		DAVIS	4. DATE OF DEATH	11 IM	E	18 18		67
S.	FEMALE	6. COLOR OR RACE 7	. MARRIED :	NEVER MARRIED DIVORCED	1 .	DATE OF BIRTH		9. AGE (In years Lost birthdoy) 50 yrs.	Months 1	Doys	Hours Hours	Min.
	o. USUAL OCCUPATION pring most of working OWN E.R.	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY TAVERN		11. BIRTHPLACE (County & ALLEGAN		oreign country)		IZEN OF UNTRY? USA	WHAT	
13	3. FATHER'S NAME	WILLIAM	KEMPS			14. MOTHER'S MAIDEN N	IAME	EETZ				
15 (Y	S. WAS DECEASED EVE (es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice)	SOCIAL SECURITY NO.		FORMANT EMORIAL H	IOSPI	TAL, MEN	MORIAL	AND	VENU, ME	E
F		EATH (Enter only one couse TH WAS CAUSED BY:	per line for		1.	1. 10	Lann				RVAL BET SET AND D	
	2040 Conditions, if only	DUE TO		Lunder	Ju	leuku	1	200,000		2	1/2.	15
	rise to immediat stating the unde	e couse (o), rlying couse DUE TO		7							18	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CON		O DEATH BUT NOT RELATED	10 TH	E TERMINAL DISEASE CON	IDITION GIV	/EN IN PART 1(o)			WAS AUTO PERFORM	OPSY ED? NO
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	RED. (E	nter noture of injury in I	Port I or Po	art II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o.r	10	20d. II While of wor	Not While		OF INJURY (Home, form y, street, office bldg., etc.)		(City or town)	(Cou	unty)	(	Stote)
		fy that (I) (this haspi eceased alive an		ded the deceased fran	m that	death accurred at	9/463		and an th	27, th	at (I) ( e stated	we) las I abave
	22o. SIGNATURE	villes &	Jai	uı_	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	7 0	ATEISIGN	/	
	22c. PHYSICIAN'S NAME (Type		IAME	S		22d. ADDRESS 441 NC	CEN	TRE ST.	CUM	BER	LAND	),MD
23	30. BURIAL, CREMATION REMOVAL (Specify BURIAL	)	of 1967	23c. NAME OF CEMETERY ST. PETER				OCATION (City of TO IMBERL AND		(County)	) (S	tote)
2	24. FUNERAL DIRECTO		-791	ADDRESS CUMBERLANI		2So. REC'D		1867 25b. B		ICNATUR	udg	e

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

> VR A15 (4) 20 M 1/66

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE		07491. MEI	DICAL EXAMINER'S	CERTIFICATE OF DEATH	07467
DEPT.		PLACE OF DEATH D. COUNTY		O STATE	lived, if institution: Residence before odmission) b. COUNTY
E 181	-	Allegany  o. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	Maryland	Allegany
Signe Department	,	write RURAL and give nearest tawn) Cumberland	21 years	Cumberland	limits, write RURAL and give nearest town)
	(	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital	, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
50		Memorial Hospital		722 Elm St	
1	1	NAME OF First DECEASED (Type or print) William	Middle G •	Lost 4. DATE OF DEATH	Month Doy Year  June 27 19 67
	S. :		NEVER MARRIED 🔽	B. DATE OF BIRTH 9. A	GE (In yeors IFUNDER 1 YEAR IFUNDER 24 HRS ost birthdoy) Months Doys Hours Min.
	10o	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY erk Bureau	11. BIRTHPLACE (State or foreign count Cumberland, Md.	ry) 12. CITIZEN OF WHAT
	_	FATHER'S NAME	ern bareau	14. MOTHER'S MAIDEN NAME	VOA
		Joseph W. Ellio	tt	Myrtle V. Pov	vell
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		NFORMANT	Address
	ye y	s, no, or unknown) (If yes give wor or dates of service)	Mr	s. Myrtle Elliott	
event within /2 h		CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:     IMMEDIATE CAUSE (o)		anial Hemorrhage	INTERVAL BETWEEN  ONE AND DEATH
any		S25# DUE TO Conditions, if ony, which gove (b)	Fractu	red Skull	20% Hrs .
and in		nise to immediate couse (a), stating the underlying couse lost.			16
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(o)  19. WAS AUTOPSY PEREORMED?  YES NO
/ /	CERTIFICATION	PRIMARY or CONTRIBUTING		(Enter noture of injury in Port I or Port II  auto involved in	of item 1B.)
-	CALC	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Yeor 20d.			a Clash  (County) (State)
01	MED				Cumberland, Alleg. Md
-		21. I certify that I taak charge of the re			, Inquiry , and in my apinio
DIRECTOR: Page to burial, cremo			, Accident Suic		etermined manner
o pi		1 - 10-		CHIEF MEDICAL EXAMINER	
prior t		SIGNATURE Servedictive	arelia Wo	M.D. ASSISTANT MEDICAL EXAMINER	☐ June 27,1967. DATE SIGNED
nd 4		EXAMINER'S		DEPUTY MEDICAL EXAMINER	county) Rt.9 Cumberland
Health	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCAT	(Stote) (County) (Stote)
0	В	urlai June 30,196	7 St. Mary's		erland, Md. Allegany
BI	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
P	J	ames F. Scarpelli, Cum	berland, Md.	DATE JUN 30	1967 Charles Judge

4 . . . . . of phase of the second Start I day factifies of reality THE PLANT CLE PLUSSE. TO . D. C. 1180 D 200 District System Talleric Living & 1,747 L.D. \* \*\* Description Estevelie 410 The state of the s . In you was 750 Sallyana and THE STATE OF THE PARTY OF THE P • • • the state of the state of the state of

FOR STATE HEALTH DEPT.

State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event (withing 2).

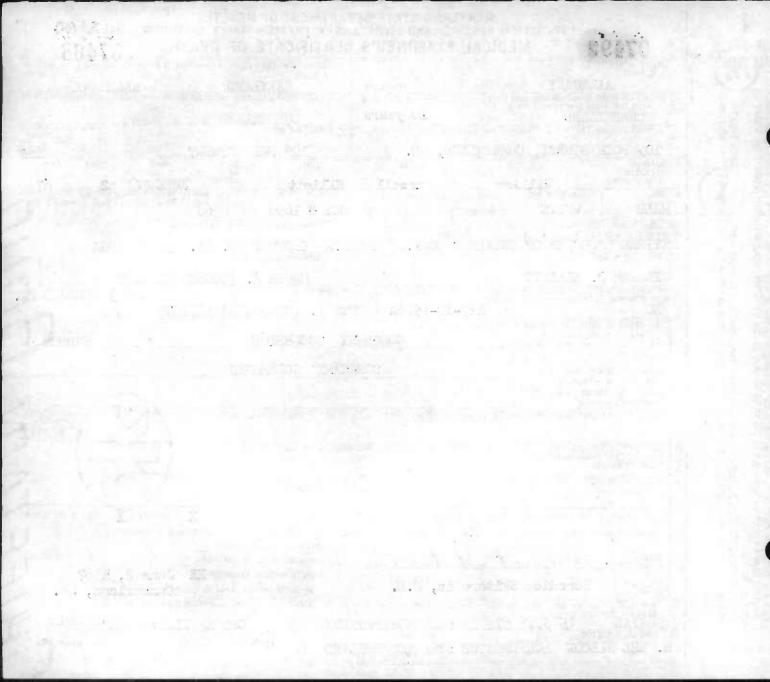
MEY EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, eccus, he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is a funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be. director. Page 4 shoul retained for your files. please execut TO DEPUTY MEN

VR AISME (5) 5M 1/65

#### MADVI AND STATE DEDADTMENT OF HEALTH

	1415-717.1	THIRD SIMIL DI	TI WISTIMITATION	TEMPERATURE TELE	
Division o	of STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
07492	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	07/62

1.	PLACE OF DEATH a. COUNTY					E (Where deceased lived, If ins		dence before admission)
		LEGANY		MARYLAND	a. STATE MARY	T.ANT)	ALLEG	A NIV
	b. CITY OR TOWN Write RURAL &		orate limits.	c. LENGTH OF STAY IN 1b		outside corporata limits, wr		
			town)	10 years			1-1	
	CUMBER		ITION (If not in t	ospital, give street address)		RIAND ()	/ /	e. IS RESIDENCE
	u. NAME OF HOSE	TIME OR INSTITU	THOM (II NOT IN II	iospital, give street address)	d. SINEET ADDRESS			ON A FARM?
	109 POLK	STREET,	CUMBERL	AND, MD.	109 PO	LK STREET		YES NOTE
3.	NAME OF DECEASED		First	Middle	Last	4. DATE Month	1	Day Year
	(Type or print)	Wi 7	lliam	Russell	Elliott		2	19 67
5.	SEX	6. COLOR OR RA			8. DATE OF BIRTH			19 67 TEAR IF UNDER 24 HRS.
	MALE	WHITE	WIDOWED	DIVORCED #	OCT 8 1898	68 yrs.	Months Da	ays Hours Min.
10a	. USUAL OCCUPATI	ON (Giva kind of w	ork done   10b.	CIND OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)		ZEN OF WHAT
B'	Ing most of workin	PINYEE O	F CETANE	NDUSTRY SE CORP.OF AME	RICA BEDEOR	D CO. PA.	US	
	FATHER'S NAME		r Olimpitals	on oom or am	14. MOTHER'S MAID		UL	18
,	WILLIAM J	TTT TO	m		MATERIA	E (DOODE) ETT	TOMM	
	WAS DECEASED E			SOCIAL SECURITY NO.   17.	MAUDE		JOTT	
	s, no, or unkown)		tes of service)				RFD#3	BEDFORD PA.
	NO		11.2	3-10-8988A   R	UTH P. (ZEMB	OWER) ELLIOTT		
				line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED	BY: USE (a)	CORONA	RY OCCLUSIO	N		SUDDEN
	4201		DUE TO					
	Conditions, If a		(b)	COR	ONARY SCLER	OSIS		11
	geve rise to		DUE TO					
	couse (a), sta	icitig tito (					200	
z			(c)	ITTING TO DEATH BUT NOT BEL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(e)	119. WAS AUTOPSY
10	PARTITION ST	I GOILE	TITONS CONTINIE	OTHING TO PEATH DOT NOT ILLE	VIED TO THE LEGISLING	102101010111111111111111111111111111111		PERFORMED?
ICA							£ 14 40 \	YES NO X
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY ☐ OF CAUSE OF DEATH	CAUSE WAS CONTRIBUTING [	) 2Db.	DESCRIBE HOW INJURY OCC	URRED, (Enter nature of	Injury In Part I or Part II o	it item 18.)	
AL (	20c. TIME OF II			INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa	rm,   20f. (City or town)	(Count	ty) (State)
DIC	Hour e.m		While	Not While fact	ory, street, office bldg., et	tc.)		
ME	p.m		19 at wor				. [2]	1.1 our estates
	21. I certify	that I took ch	arge of the ren	nains described above, he	eld an Autopsy,	Late.	iry X	and in my opinion
	death resulte	d from: Nat	ural causes X	Accident . St	ricide 🔲, Homicio	de 🔲, Undetermined	manner [	
		1	,	(1)	CHIEF MEDICAL	EXAMINER		
	SIGNATURE X	Dened	ect 1	Ketarelia	M.D. ASSISTANT MED	DICAL EXAMINER		22. DATE SIGNED
		**			DEPUTY MEDIC	AL EXAMINER XX Jun	ne 2, 1	.967
	EXAMINER'S NAME (Type)	Benedic	t Skitar	elic, M.D.	Address (Street	, city, town, or countyCum	berlan	id. Md.
23a			TE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, to		
W	BURIAL (Spe-	clfy) 5 JU	NE 67	FELLOWSHIP*U	NTON	CENTERVILLE	PENNS	YLVANIA
24	. FUNERAL DIREC		W OI	AODRESS	25a. REC		EGISTRAR'S	SIGNATURE
	H. LEE SI	LCOX LO	L DECATU	R STREETCUMBER	LAND JU	N 6 1887 X	Charl	as Judge
			,	MARVIAND		1		0



# FOR STATE HEALTH DEP TO DEPUTY COICAL EXAMINER: This certificate should be executed within 24 hours after death. If any crisy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State, Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH SMARO

0,100		1454				
1. PLACE OF DEATH  •. COUNTY Allegany  MARYLAN	a. STATE Marel and b. COUNTY ATT	ssidenca bafore admission				
b. CITY OR TOWN (if outside corporate limits,  Mt. Savage Rural and give nearest lown)  Life	Mt. Savage Rural					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?				
3. NAME OF DECEASED (Type or print) Mary Lillia Emerick	Last 4. DATE OF June 20, 1					
5. SEX Female    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	DEATH DIVORCED   S. DATE OF BIRTH DIVORCED   July 18, 1890   J					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSOWITE						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
James Loar	Mary Fitzpatrick					
(Yes, no, or unkown)   (Ifyesgive weror dates of service)		RD#1				
Candifiens, if eny, which gave rise to immediate cause (a), stelling the underlying cause lest.  DUE TO  (b) Coronary Sclerosi  DUE TO  (c)	.s	Years				
200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURS		PERFORMED?				
20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. While at work 19 at work	Control   Cont	ry) (State)				
21. I certify that I took charge of the remains described above, death resulted from: Natural causes X. Accident . S  ACTUAL SIGNATURE Served deat Skitarel	Suicide , Homicide , Undetermined manner ,	Month 20, 1967 19  Inquiry X. and in my opinion and in my opinion and manner   (County) (Stete)  A RESIDENCE ON A FARM? YES NO PART AND DEATH SUDDER 1967 19  Inquiry X. and in my opinion and manner (Stete) Md. (Stete)				
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	Address (Street, city, town, or county Cumberland,	Md.				
Burial June 23, 1967 St. Patrick	's Cemetery Mt. Savage, Marylan	d				
Hower N. Leigher, Hyndman Pa	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG					

in . ar mount BOLDER OF STREET STREET STREET AND STREET STREET STREET The state of the s the way in the second of the posture of the The second of th STATE OF WATER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	, 301 W. PRESTO	N STREET, BA	LTIMORE 1, M	ARYLAND
	07497	CERTIFICATI			07	473
1.	PLACE OF DEATH a, COUNTY			CE (Where deceased liv		sidence before admission)
	Allevany	MARYLAND	a. STATE	nd s	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate l	imits, write RURAL	and give nearest town)
	Comberland			erland	0	1.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_	619 n. Centre St. Cur			7. Centre	ST	YES NO
3.	NAME OF FIRST	Middle	Last	4. DATE	Month	Day Year
5.	(Type or print) Emma SEX   6. COLOR OR RACE   7. MARRIED		B. DATE OF BIRTH	DEATH	vears LIF UNDER	19 6 7 LYEAR   FUNDER 24 HRS.
			July 3,189	last b		Days Hours   Min.
10:	LISTAL OCCUPATION (Give kind of work done ) 10h K	IND OF BUSINESS OR		ounty & State, or foreign	n country)   12, CI	TIZEN OF WHAT
dur	ing most of working life, even if retired)	NDUSTRY	Cim has	rland, m		UNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIL			
	Edward O'neill		Mary Av	in Kear	1	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT		Address	
	(Hytelite and all and the service)	la	seph E. Ge	eata (	Comberl	and, Md.
	18. CAUSE OF DEATH [Enter only one cause per l	Ine for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Myo	cardial Infa	retion; U	remia		ONSET AND DEATH
6	287X DUE TO				TO 1 1 1	
	Conditions, if any, which gave rise to immediate (b) Hype	rtensive Hea	rt Diseas	e; Thrombo	o Phlebi	tis 144 yr
	cause (a) stating the DUE TO					THE RESERVE
Z	underlying cause last. (c) Obes  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ity-severe; G	en.osteo-	arthrill	DIVENTIN DART 1/0)	119. WAS AUTOPSY
CERTIFICATION	Generalized art			DISEASE CONDITION	GIVEN IN PART 1(8)	PERFORMED?
E	20a. ACCIDENT WAS LINDERLYING THE 1 20b.	DESCRIBE HOW INJURY OCCU		f injury in Part I or	Part II of Item 18.	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1	one			
MEDICAL	11-	facto	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or	town) (Cou	nty) (State)
MED	Hour a.m. While p.m. 19 at worl	- IAOC AAIIIIG -			Car Do Tol	
	21. I certify that (I) (this hospital), attend	en the necessin Hom		9 67 to Ju		$\mathcal{L}$ , that (I) (we) last
	saw the deceased alive on 6/11	19 67, and that	death occurred a	: 63 Mom the		e date stated above.
	22a. SIGNATURE	ian ma	ATTENDING (FE	MED. STA		12/67
	22c. PHYSICIAN'S	M.D	1 22d. ADDRESS			
	NAME (Type) James P. Hall	inan M.D.	140 Bed:	ford St.	Cumberla	and, Md.
238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(Oity, town or cou	nty) (State)
1	Jurint 6/17/6/	St. Patrice	his (em.	1 (ums	Kerlond	Mild.
24	ENNEVAL DIRECTOR	ADDRESS / W	JUN 252 RE	1 5 1967	25b. REGISTRAR	SIGNATURE

VR A15 (4) 15M 4-64

and the second s break women and in Centre to do was a north big Snows (5) Geets line FORM WAITS A PARTY TRANS after and the second comes of most positive and the second second second AT MY WILL Exercise Compared to a read any temporal and a factor of the compared to the compar . was almost a control real run v share it made BEROYGLORGERATES DON'TLEZONS The Notice of the Control of the Con Bearing the Paris of the Control of The state of the s E/14/17 A Patricks Com Contraction The Le Cant MR JUNES 1867 - Land

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RSTATE		07494	WFE	DICAL EXAMINER'S	CERTIFICATE	OF DEATH	07470	
CTH DEPT.	(	LACE OF DEATH . COUNTY		MARYLAND	o STATE	(Where deceased lived, if institution b. (0)	ution: Residence befo	re admission)
E E	1	Allegany CITY OR TOWN (If autside carparate lim	its	c. LENGTH OE STAY IN 1b		autside carporate limits, write R	IRAL and give neare	st town)
A3.		write KUKAL and give nearest tawn)	,	D O A			OKAL GIIG GIVO IIGGIO	, , , , , , , , , , , , , , , , , , , ,
par		Cumberland  NAME OF HOSPITAL OR INSTITUTION (IF	not in haspital		d. STREET ADDRESS	rre	01.1	e IS RESIDENCE
e State Departmen						ational Highwa	17	e IS RESIDENCE ON A FARM? YES NO X
5	3. 1	Sacred Heart	First	がは、上 Middle	lost		nth Day	
	-	PECEASED Type or print)  An		Catherine	Ferguson	OF DEATH June		1
11	S. 3		7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
4	1	Temale White	WIDOWED		1/25/19	(act hirthday)	Months Days	Haurs Min.
5	100	LISUAL OCCUPATION (Give kind of work doz		KIND OE BUSINESS OR		te ar fareign cauntry)	12. CITIZEN O	
Ter.	duri	ng most of working life, even if retired) Housewife		NDUSTRY	Maryl	and	USA	
	13.	EATHER'S NAME			14. MOTHER'S MAIDEN			
aur		Christopher	Weires		Elis	abeth Steele		
72 4	15.	WAS DECEASED EVER IN ILS ARMED FORCES	7 16		INFORMANT		Iress	
=	(Ye	, na, ar unknawn) (If yes give war ar date	s at service)	217-18-1283 M	rs James P.	Walton, Route	e 5. Cumb	erland.
× ×		18. CAUSE OF DEATH (Enter only one of			O COMICO 1	11042,0022, 2000,0	IN	TERVAL BETWEEN
t		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS			ry Occlusi	on	9	udden beath
any event within 72 haurs after de		11201	JE TO					
any		Conditions, if any, which gave	(b)	Co	ronary Scl	erosis		
and in		rise to immediate cause (a), stoting the underlying cause	JE TO					
		lost.	(c)					
_ 1	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?						
ma.	CATIC	YES NO [						
), ar remaval,	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OE DEATH.	20b. D	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury i	n Part I ar Part II af item 18.)		
crematian,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m.			ACE OF INJURY (Hame, fa		(County)	(State)
Ě	W	p.m. 1 <sup>4</sup>	at wa	e Not While of twork	ctory, street, diffice blug., et	c.)	1.2	4.4
		21. I certify that I taok char	ge of the re	mains described above, l	neld an Autapsy	, Inspection X, Inc	quiry <b>X</b> , and	d in my opinia
2		death resulted from: Natu	ral causes [	X, Accident , Su	icide, Hamicid	le, Undetermined i	manner 🔲	
a burial,		ACTUAL O	, ,	001-1	CHIEF MEDICA	AL EXAMINER		
ealth prior to		ACTUAL SIGNATURE Denedu	at s	Ketarelia	M.D. ASSISTANT MI	EDICAL EXAMINER		22. DATE SIGNED
5.		EYAMINED'S		1 71 1/2		CHE ENVIRONE CONTRACTOR	June 2, 1	
2						eet, city, town, or county)Cum		
Health prior	230	BURIAL, CREMATION, REMOVAL (Specify) 1/4/			emetery	23d. LOCATION (City or I Cumberland	, Alleg	Md
(5)	24.	John J. Harer J	afer 280	Balto Ave. Cum	berland DATE	N 6 1967 2Sb.	REGISTRAR'S SIGNATU	udge
10		4	- V		Md		V	

to the street the street A THE LABOR TO A July and Terror 1922 diplomen .ET . House and are

# it

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07471

0	7	4	9	5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Permula be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any eyeat, within 72 haurs. 50

> VR A15 (4) 25M 1/67

0.0 20	U		CERTIF	ICAIL	OF DEATH				VILLAGE  Manth JUNE  Years IFUNDER 1 YEA thday) Yrs. Manths Day Yrs. 12. CITIZEN COUNTR  TER  Address  CUMBERLA  FINARY  TI(a) CARCINOPIA TOWN)  (Caunty)  AFF YS.   22b. DAY SI	0 .	E . T	
PLACE OF DEATH						CE (Where de	eceased lived			nce before	e odmissi	on)
o. COUNTY	EGANY		MARY	YLAND	a. STATE MA	RYLAN	D	b. COUN	Y AL	LEG	ANY	
b. CITY OR TOWN (I	If outside corporate limit	s,	c. LENGTH OF STAY I	N 1b				, write RUR	AL and giv	e neares	tawn)	
	give nearest tawn)		7 DAYS		CUMBE	RLAND	D. MD			01.	1	
	AL OR INSTITUTION (If no	ot in hospitol, gi	ve street address)		d. STREET ADDRESS						e. IS RESI	
MEN	MORIAL HOSP	ITAL			2 G JAN	E FRA	AZIER	VIL	LAGE			NO K
NAME OF	Fi	rst	Middle		Last	4. DA				Day	Ye	
(Type or print)	ROB	ERT	W		FLEEK	OF DE	ATH			6	19	67
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 🔲 8	. DATE OF BIRTH		9. AGE (I	n years irthday)		1 YEAR Days	IF UNDE	R 24 HRS Min,
ALE	WHITE	WIDOWED [	DIVORCE	) <b> </b>		0-98	6	9 yrs.				
o, USUAL OCCUPATION uring mast af warking	(Give kind of work dane life, even if retired)		D OF BUSINESS OR		11. BIRTHPLACE (Co	,	ar fareign cou	ntry)		C VQTALLE		
MAINTANE	NCE WORKER		TIROAD		W. VA						U.S	.A.
3. FATHER'S NAME				1,20	14. MOTHER'S MAIL		2 4 51 4 4					
ADAM FLE		1 1/ 6	OCIAL CECUDITY NO	1.7 4	MARGA	KEI	LAUWA					
	R IN U.S. ARMED FORCES? (If yes give wor or dates of	of service)	OCIAL SECURITY NO.		NFORMANT	unch	LTAL			LON	D 1	MD
NO			IKNOWN	ME	MORIAL	пизр	ITAL	LU	MDEK			MD.
	EATH (Enter anly ane cau TH WAS CAUSED BY:	use per line far (		MAT	0515	0 11	META	CTC	EC		ERVAL BET SET AND I	
1914	IMMEDIATE CAUSE			CULL	Pall's	4 00/	12//	2/2/14	IARV	1		
Canditians, if any,	DUE which gave )		THE SI	10	S S S S S S S S S S S S S S S S S S S	AT	) or x	P	///-/			
rise ta immediat	e cause (a),	(b)	LIE	TIXC	MOMA	UT	1-1)					
stating the under	riving couse	(c)										
PART II. OTHER SI	GNIFICANT CONDITIONS C		DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEAS	CONDITION					WAS AUT	OPSY
ARTE	PRIOSCLE	720716	HEAK	27 .	DISEASE	2 Pos	SIAle	CARC	MONA	/ Y	PERFORM ES	NO NEDS
20a. ACCIDENT WAS		20b. DES	CRIBE HOW INJURY O	CCURRED (	Enter nature of injur	y in Part I of	Port II of it	em 18.)	7			74-
	☐ CAUSE OF DEATH											
	JRY Month, Day, Year		URY OCCURRED		E OF INJURY (Hame,		Of. (City o	ir fown)	(Co	unty)		(State)
Haur o.n	10	While at work	Not While at wark	racto	ry, street, office bldg.	, erc.)		. (		-		
	fy that (I) (this has	pital) attend	ed the deceased	fram		, 1964						
	ecosed alive an_	6/6	1967,	and that	death accurred	bt: 301	PM, fram	causes				d abav
220. SIGNATURE	10110	non	1100		ATTENDING	MED.	S	TAFF _	22b. D	ATE SIGN	9/17	,
7	Michie		- Cuc	M.D	PHYS. 22d. ADDRESS	DIRECTO	OR L P	HYS. L	1 6	10/	0/	
NAME (Type)	DR. S.	G. WEI	SMAN			MBER	LAND.	MD.				
3a. BURIAL, CREMATIC			23c. NAME OF CEM	ELEDA UD (			I. LOCATION		un)	(County	) 7	State)
REMOVAL (Specify	)					230	ECKH	, ,	****/	(county	MD.	nuicj
BURIAL  24. FUNERAL DIRECTO		0,1967	ECKHART ADDRESS	CEME		REC'D BY RE	GISTRAR	_ 25b. RE	GISTRAR'S	SIGNATUR		1.0
BYRO		C	UMBERLAND	, MD.		JUN	12 19	67	Julia	may	Jus	7

W. Carlo YMAD ILLE CHALFFARE DAYS CURRENTAND, NO. THE CLASS FRANCISC VILLEGE SERCIAL MARKET The same and the s 

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MALS. C. WEISHIN

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07496

#### CERTIFICATE OF DEATH

07472

						OFTER	
1. PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased lived,		Residence befare	admission)
a. COUNTY	GANY	MARYLAND	a. STATE MARY	LAND	b. COUNTY	ALLEGA	NY
b. CITY OR TOWN (If autsid-	e carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o				
CUMBERLAN		7 DAYS	FLIN	TSTONE	(Star	Route	
	NSTITUTION (If not in haspital, gi		d. STREET ADDRESS	101011	Local		IS RESIDENCE
MEMORIAL	HOSPITAL					Y	ON A FARM?
3. NAME OF DECEASED	First HARVEY	Middle LESLEY	FREY	4. DATE OF	Manth	Day	Year 19 6 7
(Type or print) S. SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 188	DEATH  9. AGE (II	JUNE 1 veors	JNDER 1 YEAR	IF UNDER 24 HR
	HITE WIDOWED	DIVORCED	12-20-	10st bi		nths Days	Hours Min
Do. USUAL OCCUPATION (Give k		ID OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign caur	ntry)	12. CITIZEN OF	WHAT
during mast af warking life, ever Retired P	hoto Engraver	DUSTRY	COLORAD	0		COUNTRY?	Δ.
13. FATHER'S NAME	NO VO MAGINATOR		14. MOTHER'S MAIDEN	NAME			
DANIEL FR	EY		AUGUSTA**	STONE			
1S. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address		
(Yes, na, ar unknawn) (If yes g	ive war ar dates at service)	4-01-9530 M	EMORIAL HO	SPITAL-	CUMBER	RLAND,	MD.
1 18. CAUSE OF DEATH (Er	nter anly ane cause per line for (	4 0 2 7 0					RVAL BETWEEN
PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	FIR CINOMA	TOSIS OF	130NE	MAR	ROWONS	ET AND DEATH
177 X "	DUE TO	ND BONE	-5				
Canditions, if any, which		10000					
rise to immediate cause stating the underlying c		A Produce	or Ph	DISTATE			
last.	0026	ARCINOMA	07	03///15			
PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	RT 1(o)	19.	WAS AUTOPSY
asten	schooti	Heart 4	nsenee		. ,	YE	PERFORMED?
OR CONTRIBUTING CALLA	· · · · · · · · · · · · · · · · · · ·	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I or Part II of ite	m 18.)	16.	, , ,,,
OR CONTRIBUTING CAUS	SE OF DEATH						
WILLIE THE MATTER MEDICAL							
		JURY OCCURRED   2De. Pl	ACE OF INJURY (Hame, far	n 2Df. (City o	r tawn)	(County)	(State)
	nth, Day, Year 2Dd. IN. While	Not While of	ACE OF INJURY (Hame, far ictory, street, office bldg., etc		r tawn)	(County)	(State)
20c. TIME OF INJURY Mon	nth, Day, Year 2Dd. IN. While at wark	Not While of fa			town)	67.	
20c. TIME OF INJURY Mai Hour a.m.	nth, Day, Year 2Dd. IN While at wark t (I) (this haspital) attend	Nat While of at wark of the deceased fram_	street, office bldg., etc	182.500	June 13	1967 the	1 (I) (we) I
20c. TIME OF INJURY Mol Hour o.m. p.m. 21. I certify that saw the decease	nth, Day, Year 2Dd. IN. While at wark	Nat While of at wark of the deceased fram_	street, office bldg., etc	182.500	dace 13	, 19 <u>67</u> , the	(I) (we) li
20c. TIME OF INJURY Mon Hour a.m. p.m.  21. I certify that saw the decease 220. SIGNATURE	nth, Day, Year 2Dd. IN While at wark t (I) (this haspital) attend	Not While of at work of the deceased fram_	at death accurred at  A.D. PHYS.	1/2:5 % p	dace 13	1967 the	(I) (we) li
20c. TIME OF INJURY Mon-Hour a.m. p.m.  21. I certify that saw the decease 22a. SIGNATURE	nth, Day, Year 2Dd. IN While of wark t (I) (this haspital) attend d alive an fuce	Not While of at wark of the deceased fram_1967, and the	at death accurred at  A.D. ATTENDING PHYS.  22d. ADDRESS	MED. ST DIRECTOR ST	causes and	7, 19 67, the an the date 12b. DATE SIGNE	stated aba
20c. TIME OF INJURY Mon Hour o.m. p.m.  21. I certify that saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL CREMATION.	nth, Day, Year 2Dd. IN While of wark t (I) (this haspital) attend d alive an S. G. WEIS	Not While of at wark of the deceased fram_1967, and the	at death accurred at A.D. ATENDING PHYS. 22d. ADDRESS 5.9 GRE	MED. ST.,	causes and	2, 19 67, the an the date 12b. DATE SIGNE	stated aba
20c. TIME OF INJURY Mon Hour o.m. p.m.  21. I certify that saw the decease 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  230. BURIAL CREMATION.	nth, Day, Year 2Dd. IN While of wark t (I) (this haspital) attend d alive an S. G. WEIS 23b. DATE THEREOF	ed the deceased fram_19 6 7, and the	at death accurred at A.D. PHYS. 22d. ADDRESS 59 GRE	MED. ST. DIRECTOR ST. PH	causes and  AFF 2  CUMBE  City or Town)	2, 19 67, the an the date 22b. DATE SIGNE 6/15 (Caunty)	of (I) (we) I stated aba
20c. TIME OF INJURY Mon Hour a.m. p.m.  21. I certify that saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  DR	nth, Day, Year 2Dd. IN While of wark t (I) (this haspital) attend d alive an S. G. WEIS	Not While of at wark of the deceased fram_13_1967, and the	at death accurred at A.D. PHYS. 22d. ADDRESS 59 GRE	MED. ST. DIRECTOR ST. PH	causes and  AFF 2  CUMBE  City or Town)	19 67, the an the date 22b. DATE SIGNE 6/15 (County)	stated about 7  MD.  (State)  Maryla

ages 1 and 2 after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. the funerol **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the attending physician and completely director, page 3 shauld be detoched for use as the burial-transit permit. Then please carbon should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, will

VR A15 (4) 25M 1/67

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FOR STATE		07	4	98
HEALTH DEPT	1.	PLACE	OF	DEAT

delay is

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MESTAL EXAMINER:

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07474

ALIT	DEL 131	1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Resider	nce before odmission)
3 to	death.		o. COUNTY Allegany MARYLAND	o. STATE Maryland b. COUNTY All	
2, and 3 to PM3. Page	tmer er de		b. CITY OR TOWN (If outside corporate limits, write that and all nearest formula)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re neorest town)
2, P	Departm urs after		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
es l farn	ate De hours		P. O. Box #1	P. O. Box #1	ON A FARM?
ve Pag 3 with	200	3.	NAME OF DECEASED (Type or print)  CHARLENE  First  Middle  GIBBNER	Lost 4. DATE OF June 23 22	Doy Year
18. Gi	2 with the		Female  6. COLOR OR RACE White  7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH April 16, 1967  9. AGE (In yeors lost birthdoy) Yrs.  15 UNDER Mogths	Pys Hours Min.
n Item 's Office	s land 2 ny event	10c dur	b. USUAL OCCUPATION (Give kind of work done ring my of werking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
pencil i	File pages land in any	13.	Charles Ray Gibbner	14. MOTHER'S MAIDEN NAME Mary Esther Benna	
ng" in dical Ex		IS. (Ye	1 \ lar	7. INFORMANT Address Charles R. Gibbner Ellerslie, M	d.
certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, iauld be farwarded to the Chief Medical Examiner's Office along with farm	ansit ar re		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	BAR PNEUMONIA	HOURS AND DEATH
the the	urial		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	STREPTOCOCCAL)	
ed to	as a b I, crem		stoting the underlying couse last.		
e, writir farward	used	VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
shauld be	3 shauld be int, prior to	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	ED. (Enter noture of injury in Port I or Port II of item 18.)	
Sh		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED 20e. While of wark of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  (Co	unty) (Stote)
execute	OR:P		21. I certify that I took charge of the remains described above,		
se e.	RECT (		deoth resulted from: Noturol couses , Accident , S	uicide, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER	
please   direct	its d		SIGNATURE Devedict Sketarelia	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
sary,	TO FUNERAL DIRECTOR: Page Health ar its designated age		EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER X JUNE 22,	1967
the funer	E E	230	BURIAL CREMATION 236 DATE THEREOE 23c NAME OF CEMETERY	Address (Street, city, town, or countyCumber1an OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	2		Burny Alfipecify) June 12, 1967 Hyndman Cen	Hyndman, Bedford	Co. Pa.
VR	A15ME (5) M 1/66	11	Trues A. Legilo, Hyndman, Pa.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURI Mes Judge
0	W 1/00	VII	Charles to Sellivos	DAIL OUT & U TOUT	11 (1

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		0750	0			CERTIFICA	TE (	OF DEATH		0747	6	
		PLACE OF DEATH o. COUNTY	All	logan	y	MARYLAND		d. STATE Mary	there deceased lived, if institution b. COUNTY			
		b. CITY OR TOWN (If write RURAL and Cumber 1	give neare	est tawn)		8/6/1966		Oldt	side corparate limits, write RUF	AL ond give ned	rest town)  e. IS RESIDENCE	
4	(	d. NAME OF HOSPITAL										
		Allega	ny C					Rout			YES NO X	
1	(	NAME OF DECEASED (Type or print)		Virg:	inia	Middle Mario	-	tley	4. DATE Mont OF June	27, 19 67		
1		SEX Pomalo	6. COLOR		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	] 8. 0 ] <b>1/</b>	4/1898	9. AGE (In years last birthday) 69 yrs.	Manths Day		
		. USUAL OCCUPATION ( ing most af warking lit  LOUSOW 11				ND OF BUSINESS OR DUSTRY		1. BIRTHPLACE (County & West Vir	State, ar fareign country)	12. CITIZEN COUNTR U. S	Y? .	
i		FATHER'S NAME					14					
				a Buse					e Boggs			
		WAS DECEASED EVER es, no, or unknown) (() NO			of service)	11-24-9396	All	egany Co	ox 599, Cumb unty Infirm	erland ary re	cords.	
4		1B. CAUSE OF DEA PART I. DEATH	WAS CAL			(a), (b)/and (c).) 0	Re	keriaari	th starvetion	c a	INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if any,	which gav	DUE		he Myon	ear	dial In	sufficiency	T d	steet 14n	
		rise to immediate stating the underli last.			10 (c) . CA	br. A.S.C. V	V. R	with ,	Aygartrusi	on 1	oprox 10/1	
?	ATION	Hau - F	NIFICANT O	CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CON	A - July 60		19. WAS AUTOPSY PERFORMED? YES NO	
	CERTIFICATION	20a. ACCIDENT WAS I OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE O	F DEATH	20b. DES	SCRIBE HOW INJURY OCCURR	RED. (Ent	er nature of injury in P	Part I of Part II of item 18.)			
	MEDICAL	20c. TIME OF INJUR Haur o.m. p.m.		, Day, Year 19	20d. IN While at wark	Not While		F INJURY (Hame, farm, street, affice bldg., etc.)	, 20f. (City ar tawn)	(Caunty)	(State)	
				l) (this hos		ded the deceased fran	8/	6/1966,1			that (I) (we) last	
		saw the de	ceosed (	alive an_	6/27/1	96719, ond	that d	eath accurred of	M, fram causes		date stoted obove.	
		22a. SIGNATURE	) Bh	u a	Toppe	er go	M.D.	PHYS.	MED. STAFF DIRECTOR NHYS.	22b. DATE S 6/28	/1967	
/		22c. PHYSICIAN'S NAME (Type)	Jo	ohn A	. Topp	er, M. D.		22d. ADDRESS Memoria	l Hospital,	Cumber	land, Md.	
	23a	BURIAL, CREMATION	١, 2	23b. DATE TH		23c. NAME OF CEMETERY			23d. LOCATION (City of To	,		
	E	REMOVAL (Specify)		6/30/	1967	Glendale Br	eth	ren Cem	Flintstone	Alle	gany Md.	

Cumberland

Md

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 15-may 2 shauld be filled with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any évent, within 72 haurs ofter death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/664

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death

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Nobe A. Wooder, M. D. Hemorial Heading, Sanderland, Sanderland, Sa.

0750	2	CÉRTIFICATE	OF DEATH	079	477
i. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	- CTATC	Where deceosed lived, if institution: Re YLAND b. COUNTY	esidence before odmission) ALLEGANY
	f outside corporate limits, give nearest town) BURG	c. LENGTH OF STAY IN 16 42 DAYS		utside corporote limits, write RURAL on STBURG	d give nearest town)
	AL OR INSTITUTION (If not in S  HOSPITAL	hospitol, give street oddress)	d. STREET ADDRESS 55	CENTENNIAL STREET	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	First EDGAR	Middle <b>L</b> •	Lost HARVEY	4. DATE Month OF JUNE DEATH	29, Year
MALE	WHITE W	IDOWED TO DIVORCED	B. DATE OF BIRTH DEC. 12, 18	93 last birthdoy) Mon 73 yrs.	
loo. USUAL OCCUPATION during most of working RETIRED F	(Give kind of work done life, even if retired) LORIST	OWN BUSINESS  OWN BUSINESS	11. BIRTHPLACE (County MARYLAND	& Stote, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME EDWIN	J. HARVEY		14. MOTHER'S MAIDEN  CLARA E		
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	rico\	NE HARVEY,	Address 340 ALLEGANY ST.,	FROSTBURG, N
	EATH (Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).)	evD,	-	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, nse to immediat stating the under	, which gove becouse (o), but to		art Fai	Tione —	3 mos,
PART II. OTHER SIG	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJU Hour o.n	10		CE OF INJURY (Home, fortory, street, office bldg., etc.		(County) (Stote)
		) attended the deceased fram			

saw the deceased alive

22o. SIGNATURE

M.D.

22d.

**ADDRESS** 

MED. DIRECTOR STAFF PHYS.

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County) (Stote)

230. BURIAL, CREMATION, BURIAL (Specify)

JULY 1, 1967 FBG. MEMORIAL PARK ADDRESS

2So. REC'D BY REGISTRAR

BROADWA

FROSTBURG, MD

SISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

JOSEPH R. DURST, SR., FROSTBURG, MD.

1967

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

carbon papers. Pages 1

director, page 3 shauld be detached far use as the burial-transit permit. Then please ren shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in ar

A 7.2 To . Call Styles Site of the manifestor CO. 1 5981 6 7 .000 PARTIE OR THE TRANSPORT OF THE PROPERTY OF THE STATES OF THE PROPERTY OF THE PROPERTY OF THE PARTY. THE PARTY OF THE ati property and a single as the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF DEATH
OF DEATH

	07502	N OF STATIS	STICAL RES	CERTIF		301 W. PRESTO		, BALTIMOI	ATA MAR	YLAND	
1.	PLACE DF DEATH a. COUNTY	Allega	To low	MARY	/LAND	2. USUAL RESIDENT a. STATE					
	b. CITY OR TOW write RURAL LONGCOY	N (if outside cor and give neares ling	porate Ilmits, t town)	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (II		orate limits, wr	te RURAL end	give neare	st town)
		spital or institution in sing Hon		n hospital, give street	address)	d. STREET ADDRESS Green S				YES	FARM?
	NAME OF DECEASED (Type or print)	John	First	J. Middle	Hi ea		4. DATE OF DEATH	Month	UNE 8	19	67
	sex ale	6. COLOR OR R	ACE 7. MARRII		The land	. DATE OF BIRTH		yrs.	Months Day	s Hours	Mln.
1Da dur	USUAL DCCUPAT ing most of work Dar Repair	ion (Give kind of ing life, even if r I man	work done 10b etired)	RaysIRY Road	R	Piedmen	t, W.Va	or foreign country	USQUN	EN OF WHAT	
13.	FATHER'S NAM	Dennis	Healy			14. MOTHER'S MAIL Margaret					
(Ye	. WAS DECEASED ( s, no, or unkown)	EVER IN U.S. ARM   (If yes give war or o	lates of couries	6. SOCIAL SECURITY N		INFORMANT y Luteman	Mo	Addres			
		DEATH [Enter on EATH WAS CAUSE IMMEDIATE CA	D BY:	er line for (a), (b), and	(0).]	rary O	celi	esion		NTERVAL BE DNSET AND	TWEEN DEATH
	1/30/ Conditions, If	any, which	DUE TO (b)	rever	B	nsuff	ر د د د د د د د د د د د د د د د د د د د	neu			
	gave rise to cause (a), si underlying caus	tating the	DUE TO C	terio so	leu	2515	) Jana	aleys	20		
CERTIFICATION	PART II. OTHERS	SIGNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL	DISEASE CONT	DITION GIVEN IN	PART 1(a)	19. WAS A PERFOI	NO K
	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING CAUSE DE TIFY MEDICAL E	IG [] 20b. DEATH XAMINER)	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature o	f Injury in Pa	rt   or Part    o	f Item 18.)		
MEDICAL	20c. TIME OF Hour a.r		Wh		2De. PLAC factor	E OF INJURY (Home, f y, street, office bldg., o	arm, 20f. (etc.)	City or town)	(County	)	State)
		y that (I) (this ceased alive or		nded the deceased	1	death occurred at	962, to 70M, fro	the causes		, that (I) ( date state	
	22a. SIGNATU	E 200	mil	end	M.D	ATTENDING ATTENDING	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED 6	7_
	22c. PHYSICIA NAME (T		MIL	ESW	R	22d. ADDRESS	JACO	MIN	6 r	CIN	
23a	BURIAL, CREM REMOVAL (Spo Burial	eclfy) _	ATE THEREOF	7 Kalbaug			Ell	CATION (City, to Garden	W.Va.		tate)
24	FUNERAL DIRE	CTOR		Westernport	Md.		UN 12	1967 /	Clart	IGNATURE	pe.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07503

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ALIH	DEPT.		PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceosed I			efore odmissio	n)	
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and 3	nent af death.		<ul> <li>CITY OR TOWN (If outside write RURAL and give ne</li> </ul>	corporote limits,	10.00	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If ou	itside corporote li	mits, write RURA	AL ond give ned	orest town)		
ond PM3.	partra		CUMBERLAND	11631 IGWII)		50 YEARS		CUMBER	RLAND			011		
7	s af		d. NAME OF HOSPITAL OR IN	STITUTION (If not in	hospitol, giv	ve street oddress)		d. STREET ADDRESS				e. IS RESID ON A FA	ENCE RM2	
24 naurs arrer aearn. Ir o in Item 18. Give Pages 1, r's Office alang with form	e State Department af 72 hours after death.		DOA ME	MORIAL HO	SPITA	L		535 N.	CENTRE	ST.			NO XX	
e Page with fa		3.	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Month		Doy Yea	٢	
ive g x	₽.⊑		(Type or print)	SLOAN		D		OADLEY	DEATH	JUN			67	
naurs arrer Item 18. Give Office alang	and 2 with the	S.	SEX 6. COLO		7	X NEVER MARRIED	]   8.	DATE OF BIRTH		SE (In yeors	Months Do		24 HRS.	
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d "pending" ir Chief Medical B	a burial-tronsit permit. cremation, ar remaval,	-	YES 1  1B. CAUSE OF DEATH (Ent			05 9213	IAT	RS. FRANCES	CAMIN C		MBERLAI	INTERVAL BETV		
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execute ar. Page	ained for y IRECTOR: Po designated			_		ains described above			Inspection		,	ind in my	pinian	
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ssary, funera		Ш	NAME (Type) BENE	DICT SKIT	ARELI	C, M.D.		CUMBERIN	AND towND	ounty)	JU	NE 23,	1967	
	5 may 0 FUNE Health	230	. BURIAL, CREMATION,	23b. DATE THEREO		23c. NAME OF CEMETERY	OR CE	REMATORY	23d. LOCATI	ON (City or Tow	n) (Cou	nty) (St	ote)	
-	2		BURIAL	JUNE 26,	1967		MEM	ORIAL PARK		STBURG,				
\/D	A15ME (5)	24	. FUNERAL DIRECTOR	KIGHT	0	ADDRESS UMBERLAND, 1	MT		BY REGISTRAR	0.63	ISTRAR'S SIGNA	TURE		
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Branch & Commercial Co

# FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24-hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDI

> VR ALSME 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours in the state of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours in the state of the st

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		480
1. PLACE OF DEATH a. COUNTY	2. PUSUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	a. STATE b. COUNTY	
Allegeny MARYLAND	Maryland All	legany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
Rt#2 Cumberland	Rt#2 Hazen Road Rural	0. IS RESIDENCE
d. NAME OF HOSPITAL DR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS	ON A FARM?
Rt#2 Hazen Road Cumberland Md.	Box 808 Hazen Road	YES ND
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Day Year
(Type or print) Mary Amanda	Horchler DEATH June 8. DATE OF BIRTH   9. AGE (In years   IF UNDE)	10 19 67
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Oct. 21. 1882 85/ yrs.	Days Hours Imm.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	111. BIRTHPLACE (State or foreign country) 12. (	CITIZEN OF WHAT
Housewife		I.S.A.
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Frederick Horchler (D)	Almiro & Long (D)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFDRMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	O Wanahilan Onniba	.3 2 Ma
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	George W. Horchler Cumber	LINTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e) COPONARY	Occlusion	Hours
4201 DUE TO		
Conditions, if any, which (b) Coronary	Sclerosis	
gave rise to immediate (		
underlylan cauca lack		
(6)	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1/a	) 119. WAS AUTOPSY
FARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECO	(1ED TO THE TERMINAL DISEASE CONDITION GIVES IN FART I/a	PERFORMED
تُ الله الله الله الله الله الله الله الل		
E 20a. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Pert II of Item 1	8.)
CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Copy, street, office bidg., etc.)	ounty) (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELECTIVE TO THE PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO COURSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO COURSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED COURSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While A work at work.	ny, street, onice plag., etc.)	
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, Inquiry X	, and in my opinion
	icide . Homlcide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL SUMMER AS LINE ALLET TILBURY	M.O. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Description .	DEPUTY MEDICAL EXAMINER X June 12	1967
EXAMINER'S Benedict Skitarelic, M.D.	Address (Street, city, town, or county)Cumber	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify)		Md
Burial 6/13/67 Se Peters		R'S SIGNATURE
Louis Stein Inc. Cumb. M.	Q JUN 15 1967 Jelianle	& Junge

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X June 12, 1967 Cumberland, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07505			CERTIFI	CATE	OF DEATH			0748	1		
		PLACE OF DEATH o. COUNTY	Allegany		MARYL	AND	2. USUAL RESIDENCE (V	Where deceased lived, i	f institution: b. COUNTY	Residence be	fore admission)		
		b. CITY OR TOWN (	If autside corporate limit d give <u>n</u> earest tawn)	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		write RURAL	and give nea	rest tawn)		
		Cumberl	and		3/31/196	5	Cumberland 01./						
0			AL OR INSTITUTION (If no y County		,		d. STREET ADDRESS  637 Shriver Avenue  e. IS RESIDEN ON A FARN YES \( \sum \) NO						
		NAME OF DECEASED		rst	Middle		Lost	4. DATE OF -	Month	D	Day Year		
		(Type ar print)		ert			Kaplon	DEATH JI	me	22,			
	5. :	sex Malo	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		10/1/1885	9. AGE (In	hday) N	onths Day			
/			(Give kind of work done		IND OF BUSINESS OR	الا	11. BIRTHPLACE (County	8 State or foreign count	Yrs.	12. CITIZEN	OF WHAT		
	duri	ing most of working	life, even if retired)	10	IDUSTRY		Kouvne,			TOUNTS			
	13.	FATHER'S NAME	UIIICE M	RI. H	ersch Bro	S	14. MOTHER'S MAIDEN 1	NAME	_	0	. 4.		
			Abraham F	aplon				a Arnste	in				
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANTP .O.B			land.	Md.21502		
	(Ye	s, na, ar unknawn)	(If yes give war ar dates	of service) 21	4-05-5680	Al	legany Co	unty Inf:	irmar	y rec	ords.		
			EATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE	Vn	(a), (b), and (c).)	di	Tis				INTERVAL BETWEEN ONSET AND DEATH		
		Canditions, if any		TO (b) 9	In ar	Te	mosela	222					
		rise to immediat stoting the unde last.			Deabs	te,	- Me	lletur	٠				
3	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART	1(a)		19. WAS AUTOPSY PERFORMED? YES NO		
	CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in I	Port I or Part II of iten	n 1B.)				
	MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. II While at war	Not While		E OF INJURY (Home, farm ory, street, affice bldg., etc.)		town)	(County)	(State)		
		sow the d	fy that (I) (this hoseceosed olive an_		ded the deceased f		death accurred at	A. M, fram			thot (1) (we) lost late stoted obove.		
		22a. SIGNATURE	me M.	15	non	M.C	). PHYS. L.OL	MED. STA		22b. DATE SI 6/22,			
1	-	/22c. PHYSICIAN'S NAME (Type	George 1	M. Sim	ions, M. I	0.	22d. ADDRESS Memori	al Hospi	tal,	umbe:	rland, Md		
	230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF,	East Va	ERY OR (	Cem.	23d LOCATION (C	ity or Tawn)	Cour	nty) (State)		
(	24	FUNERAL DIRECTO	Stein	Inc.	ADDRESS	1.7	Al 250. REC'D	BY REGISTRAR	0.69	trar's signat			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 And should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after feat

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death. hours after etely filled in by the bon papers, Page within 72 hours 24 within executed physician an please reveal, and in pe PHYSICIAN: The law requires that the death certificate attending permit. Then as the burial-transit permit. prior to burial, cremation, or r attending physician. of Health p certificate r this cert detached After DIRECTOR: A age 3 should lied with the S page Page 4 may FUNERAL I director, p 0

VR A15 (4) 20M 1/65

Burial

24. FUNERAL DIRECTOR

Lee Silcox

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND ALLEGANY MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND 13 DAYS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS ON A FARM? YES AN NOX SACRED HEART HOSPITAL 1005 BEDFORD ST 3. NAME OF First Middle DATE Month Year Day Last 4. DECEASED (Type or print) DEATH 18 1967 Simpkins KELLER JUNE EDWARD 5. SEX 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. OATE OF BIRTH 7. MARRIEO NEVER MARRIEO last birthday) Months I Oays Hours I MALE WHITE WIOOWED DIVORCED 62 10-19-04 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT COUNTRY? 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) U.S.A. **JEWELRY** ALLEGANY CTY WATCHMAKER 13. FATHER'S NAME MOTHER'S MAJOEN NAME EMMA APPEL HARRY KELLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMEO? CATI NO X CERTIFI 20a. ACCIOENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. | certify that (I) (this hospital) attended the deceased from \_\_\_\_ 19 6 the deceased alive on M, from the causes and on the date stated above. saw and that death occurred at OATE SICNEO SCHATURE 22b. ATTENOING STAFF DIRECTOR PHYS. PHYS. PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 414 N. F. DÖERNER. DR. WYAND MECHANIC ST., CUMBERLAND. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. 23d. LOCATION (City, town or county) REMDVAL (Specify)

Sunset Memorial Park ADORESS

21502

Cumberland, Maryland

1961

Cumberland Allegany Maryland

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OK, WYARD F. DOERHER, M.D. 414 N. MECHANIC ST., CUMBERLING, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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within 24 h			gany Count		irmary		406 Fay	4 DATE	St.	Ala			NO A
with with ribon t, will	1	NAME OF DECEASED Type or print)	William	rst	Lawrence	ce	Keller	OF DEATH		II)	29		67
cecuted within 24 hor completely filled in nove carbon popers. by event, within 72 h	S.	ale	6. COLOR OR RACE White	7. MARRIED :	NEVER MARRII	ED   B. [	12/1880		9. AGE (In years birthday) yrs.	IF UNDER Months		IF UNDER Haurs	24 HRS. Min.
that the death certificate be executed within 24 hours after dea an. by the ottending physicion and completely filled in by the funeral ronsit permit. Then please remove carbon popers. Pages I and cremation, or removal, and in any event, within 72 hours after dea	10a duri	USUAL OCCUPATIOng most of working	N (Give kind of wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		West V		areign country)		TIZEN OF		
rtificote b physicion en please oval, and	13.	FATHER'S NAME	Vertical and			1,	MOTHER'S MAIDEN		1,00		- 425		
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that the death certific an. by the ottending phys tronsit permit. Then p cremation, or removal,	15. (Ye	WAS DECEASED EV s, in y unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dotes o	of service)	OCIAL SECURITY NO.		RMANTP.O.			umbe mary		nd,	Md.
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The law range of the second of	NOI	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	DEATH BUT NOT RE	ELATED TO THE	2. Ja 16	Bl.	EN IN PART 1(a)	11	19.	WAS AUTO PERFORME	PSY ED? NO
PHYSICIAN: e hospital or his certificate stached far u Dept. of Heal	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (Ent	er nature of injury i		art II of item 18.)	1		-3 [_3	
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ATTEND stained to CTOR: Af should to ith the S		saw the c	leceased alive an_	6/29/1	96719	and that a	eath accurred	10.3:7	M, fram causes		DATE SIGN		abave
~ = W ~ >			nopul.	Temes	V	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	Ju	ne	30.1	967
may be ERAL DIR		22c. PHYSICIAN NAME (Type	()	Fopp	er, M.D		22d. ADDRESS Memori	al Ho	spital,			-	
TO HOSPITAL OF Page 4 may be FOGE 4 may be director, page should be filed	230	REMOVAL (Specif	ON, 23b. DATE TH	EREOF 47	23c NAME OF CEN	LE 4	4/ //1	23d. 1	OCATION (City or To	lane	County	127	late)
VR A15 (4)	24	FUNERAL DIRECT	OR Steen	Dur	ADDRESS	1.m	2Sg. RE	JUL 6	1967 R	EGISTRADIS	SIGNATUR	Jus Jus	gar

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Death.

		N OF STATISTIC		YLAND STATE DE ARCH AND RECORDS	, 301 W. PRESTON			E 1, MAR	YLAND	
-	07508			CERTIFICAT	E OF DEATH			0748	34	
1.	ALLEGAN	H IY		MARYLAND	2. USUAL RESIDENCE a. STATE MARY	(Where dece YLAND	ased lived, If insti b. COUNT			mission)
Ę	b. CITY OR TOW Write RURAL CUMBERL	'N (if outside corpora and give nearest tow AND	te limits, in)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		orate ilmits, writ	e RURAL and	give neares	t town)
		SPITAL OR INSTITUTION HEART HOSI		ospital, give street address)	d. STREET ADDRESS  8 WESTVIEW	W TERR	ACE		e. IS RES ON A F	DENCE ARM?
3.	NAME OF DECEASEO (Type or print)	ESTELLA	rst	Middle E.	Last KELLEY	4. DATE OF OEATH	Month 6-8-67		ay Yea	ī
5.	SEX F	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	WEVER MARKIED	8. DATE OF BIRTH 4-4-10	9.	AGE (In years   I last birthday)   N	FUNDER 1 YE.	AR IF UNDER	24 HRS. Min.
1Da dur	I. USUAL OCCUPATION OF WORK	TION (Cive kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	MILL CREEK			12. CITIZE	N OF WHAT	
13.	FATHER'S NAM	IE .			14. MOTHER'S MAIDE	N NAME				
	LORENZO	A. MERRITT			MARTHA SHE	RADER				
15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	& courses )	7-10-4333	HOSPITAL RE	ECORD	CARRE	BEANN,	RIVE	
		IMMEDIATE CAUSED BY IMMEDIATE CAUSE DUE any, which immediate tating the DUE	(a) Revi	ine for (a), (b), and (c).]  E ANTERIOR	MYOCARD	in L	FNFAR	10	TERVAL BET	DEATH
CERTIFICATION		DIARTE.	ONS CONTRIBU	UTING TO DEATH BUT NOT RELI					9. WAS AU PERFOR YES	
		WAS UNDERLYING ☐ INC ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	1	DESCRIBE HOW INJURY OCCU						
MEDICAL	Hour a.	INJURY Month, Day, m. 19			CE OF INJURY (Home, farm ory, street, office bldg., etc		City or town)	(County)	2)	tate)
	The second second	ceased alive on	pital) attend	ed the deceased from 19_67_, and tha	t death occurred at  ATTENDING ME DI PHYS.	M, fro		and on the d	ate stated SIGNED	
	22c. PHYSICI/ NAME (T	AN'S ype) DR. M. GI	.ICK	la M.I	22d. ADDRESS	RECTOR _	WOOD ST.		. 67 MD.21	502
232	BURIAL, CREA REMOVAL (Sp Burial	MATION, 23b. DATE 6/10/	THEREOF	23c. NAME OF CEMETER Hillcrest Bu	rial Park	Cumbe	cation (city, towerland Al	legany	Maryl	ate)
24	. FUNERAL DIRI	ECTOR		ADDRESS  Maryland 2150	25a. REC'I	D BY REGIS	TRAR 25b RE	GISTRAR'S SI	GNATURE	

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30,500.704	1836ths	SPITAL RECORD	33 110	217-10-43		Х			

DR. M. SLICK

12. .. SAMLL'DD ST., JUH., M.215 2

A. J. J. Wall I would be a supplied to the supplied of the sup

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certificate papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS OF STATIS 07509

1.	PLACE DF DEATS a. COUNTY	ALLEGANY		HARVI	4.010	2. USUAL RESIDEN		ed lived, if insti b. COUNT	Υ		
	b. CITY OR TOW write RURAL CUMBER	N (If outside corporate and give nearest town)	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (II	RYLAND outside corpor BERLAND	ate ilmits, write		EGAN' d give n	
-	d. NAME OF HO	SPITAL OR INSTITUTION	(if not In h		Idress)	d. STREET ADDRESS	DEREAND		01		RESIDENCE N A FARM?
		D HEART HOSE				426 FUR	NACE ST.			YES	-
3.	NAME DF DECEASED (Type or print)	ANNA		Middle C.		Last KIRBY	4. DATÉ DF DEATH	Month JUNE		Day 20	Year 19 67
_	EMALE	6. COLOR OR RACE 7.	MARRIED WIDOWED			5 -28 -91					NDER 24 HRS.
1Da.	USUAL OCCUPAT	ION (Give kind of work doi ing life, eyen if retired)	ne   10b. K	CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C		710.	12. CITI	ZEN OF V	WHAT
12	House.					CUMBERL	AND, MD.		U	S.A	
13.	FATHER'S NAM					14. MOTHER'S MAIL					
15		ANK EVER IN U.S. ARMED FORCE	FC2   16	COCIAL CECUDITY NO	1 17	ELIZABE INFORMANT	TH HOWEL				
(Yes	s, no, or unkown)	(If yes give war or dates of se	rvice)	SOCIAL SECURITY NO.				Address			
	NO		-	18-38-0408		HOSPITAL RE	CORDS				
		DEATH [Enter only one c TATH WAS CAUSED BY:		line for (a), (b), and (c) RONARY HEART		SEASE				ONSES /	YEARS
	4201	IMMEDIATE CAUSE (a)									
	Conditions, If										
	gave rise to cause (a), si	Immediate (				142					
	underlying caus	tuting the									
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIB	UTING TO DEATH BUTNO	OTRELA	TED TO THE TERMINAL I	DISEASE CONDIT	ION GIVEN IN PA	ART 1(a)		AS AUTOPSY REFORMED?
CERTIF	OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH		DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f Injury In Part	l or Part II of	Item 18.)		
MEDICAL	20c. TIME OF Hour a.m		While at wor	Not While		CE OF INJURY (Home, fa y, street, office bldg., e		y or town)	(Count	у)	(State)
~	21. I certif	y that (I) (this hospita		ed the deceased fri	om	5 ~ 6 , 1 death occurred at		- 20 the causes a	, 1967	, that	(I) (we) last
	22a. SIGNATUR		Bu		M.D	ATTENDING X	MED.	STAFF PHYS.	22b. DATI	ESIGNE	D
	22c. PHYSICIA NAME (T)		BALLI	N, M.D.		62 GREEN	E ST CUM	BERLAND	, MD.2	21502	2
23a.	BORIAL, CREM		REOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LOCA	TION (City, tow	n or count	y) /	(State)
24.	STEIN'S	FUNERAL HOM	een -	Inc. ADDRESS (	DER	ICK ST DATI	N 2 3 19		ISTRAR'S	IGNATU	REGE -

1/65 A15

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	,cr, ,cm	CUMBERL			1	Horas
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RILPH W, BILL M, M.D.

March Sec.

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Y. DEEJJA

52 GREENE ST CURSERLAND, ID. 21502

TELLIS FINE AL NOME

INL NUME 117 FREDERICK ST.

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### CERTIFICATE OF DEATH

07/195

	ASTA			CEKTIFIC	AIL	OF DEATH			0.7	50
a	LACE OF DEATH	Allegany		MARYLAN	ND		land	b. COUNT	Alle	gany
C	write RURAL and	autside corporote limits, give neorest town)		c. LENGTH OF STAY IN 1 2/22/1967		c. CITY OR TOWN (If ou	tside carparot		L and give neore	st town)
		County J		4		d. STREET ADDRESS	leamn	Street		e. IS RESIDENCE ON A FARM? YES NO A
	NAME OF	Firs		Middle		Last	4. DATE	Month	Do	
E	DECEASED Type or print)	Gale		C.		Laird	OF DEATH	June	15,	1967
S. S	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH L/15/1901	9.	AGE (In years lost birthdoy) 66 yrs.	Manths Days	
	USUAL OCCUPATION ng most af warking	(Give kind of work done ife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Ionaconin			12. CITIZEN COUNTRY	?
13.	FATHER'S NAME	Clarkson	Laire	1		14. MOTHER'S MAIDEN MARY MAR	on			
		R IN U.S. ARMED FORCES? (If yes give wor or dates af		OCIAL SECURITY NO.	17. II	iformaniP.O.Bo	x 59	9, Cumb	ary re	, Md.
	Conditions, if any, rise ta immediat stating the under last.	couse (a),	(b) C3	den Europhy Ly gertens	yor we	cua.	inseries.	ernly.	A A	nset and death reprof 15yr Ograffin
CATION	PART II. OTHER SI	ENFICINT CONDITIONS CO	408100	ODEATH BUT NOT RELATE	141	uriques-				YES NO
CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCU	RREO	Enter nature of impory in	Part I ar Part	II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour a.m	10	2Dd. IN While at wark	Not While		E OF INJURY (Home, farm ry, street, office bldg., etc.)		(City or town)	(County)	(State)
	saw the de	y that (I) (this hosp ceased alive on 6	ital) attend	led the deceased from 1967 19, one		deoth occurred at	A. M	, from causes a		thot (I) (we) last te stated above
	22a. SIGNATURE	ofer a For	per		M.D	4 11101	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 6/15/	1967
	22c. PHYSICIAN'S NAME (Type)	John A.	Toppe	er, M. D.		home, H	Memor yndma	ial Hos	pital, sylvan	or ia
	BURIAL, CREMATIC REMOVAL (SPECIES)			23c. NAME OF CEMETER Memoria		ark	Fr	CATION (City or Tow	, Md.	
24.	FUNERAL DIRECTO			ADDRESS	200		BY REGISTR		ISTRAR'S SIGNATI	RELAC
	George	- Eichhor	n Los	naconing.	Vic	a Loute N	1 6 19	10/	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after deather. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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	Surture	wan vi	2/22/1967		
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	66	1/15/1901	X VIII	estav	e fart
A T	braryram,	91.11.03.00			
That Mark	estriction and	Many Back	A CONTRACTOR		
March 1		8. C. V. B.	y pri leuse d'il Susur	A DESCRIPTION OF THE PROPERTY	3
	6/25/19	?::: đe	7.00		
	Prosect.	if the		Infrus (%)	

e. IS RESIDENCE ON A FARM? YES NO X

IF UNDER 24 HRS. Hours

INTERVAL BETWEEN SUGAP PEATH

19. WAS AUTOPSY PERFORMED? YES 🗍

and in my apinion

22. DATE SIGNED 1967

Somerset Co., Pa.

Hyndman

250. REC'D BY REGISTRAR 7

NO X

(Stote)

	1,18	Division of STAT	ISTICAL RESEA	ARCH AND RECORDS, 3	01 W. PRESTON STR	EET, BALTIMORE, MA	ARYLAND 2120	1
FOR STATE	075	11	MED	ICAL EXAMINER'S	CERTIFICATE (	OF DEATH	07	487
HEALTH DEPT	1. PLACE OF DEA o. COUNTY	Allegan	<b>y</b>	MARYLAND		(Where deceosed lived, if in b.		before odmission)
after death. If any delay is 8. Give Pages 1, 2, and 3 to alang with farm PM3. Page with the State Department of within 72 haurs after death.	b. CITY OR TOWN Write RURA	WN (If outside corporote li L and give neorest town) mberland	mits,	c. LENGTH OF STAY IN 16  DOA	c. CITY OR TOWN (If o	utside corporote limits, writ	te RURAL ond give r	neorest town)
form If any farm Ite Depo		ospital or institution (i	,	ive street oddress)	d. STREET ADDRESS			e. IS RESIDEN ON A FAR! YES NO
after death. If a Give Pages 1, along with farm with the State De within 72 hours	3. NAME OF DECEASED (Type or print)	Marv	First Jane	Middle Lepley	Lost		Month 8, 1967	Doy Year
	S. SEX Female	6. COLOR OR RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  May 13, 190	9. AGE (In year	ors IF UNDER 1 Y oy) Months E yrs.	VEAR IF UNDER 24 Doys Hours
24 haurs in Item 18 er's Office les rond 2 vany event	10o. USUAL OCCUPY during most of wor Housew	ATION (Give kind of work do king life, even if retired)	one 10b. KII	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote		12. CITIZ COUN	EN OF WHAT
I within n pencil is Examiner Examiner File page and in a	13. FATHER'S NAM	Oliver 1	Emerick		14. MOTHER'S MAIDEN  Minnie R	NAME ebecca Clite	s	
be executed "pending" in nief Medical Es insit permit. Fi ar remaval, a	1S. WAS DECEASED (Yes, no, o Menno	D EVER IN U.S. ARMED FOR (I wn) (If yes give wor or dat	s? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT Louis	Lepley, Corr	Address riganville	e, Md.
		DEATH (Enter only one DEATH WAS CAUSED BY: IMMEDIATE CAU	JSE (a)	1 17 1 17	nary Occ	lusion		INTERVAL BETWE
certificate shauld writing the ward irwarded to the Cl used as a burial-tra burial, cremation,	rise to imme	ony, which gove ) diote couse (a),	(b)	Co	ronary Sc	clerosis		
rifficate riting th rarded rarded rial, cre	last.	inderlying couse	(c)	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 17		19. WAS AUTOPS
This certifica icate, writing be farwardec is be used as ir ta burial, c	CATION	Dia	abetes	Mellitus		,		PERFORMED? YES NO
*	PRIMARY CAUSE OF DEA	AL CAUSE WAS or CONTRIBUTING   TH.	206. DES	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18	8.)	
S Fill Sh		INJURY Month, Day, Yeo r o.m. p.m.	20d. IN While of work	Not While fo	ACE OF INJURY (Home, for ctory, street, office bldg., etc.		vn) (Coun	ty) (Sto
MEDICAL EXAMINER: blease execute the cert director. Page 4 should etained for your files. DIRECTOR: Page 3 shou				nains described obave, h			Inquiry 😿 ,	and in my ap
MEDICA please ey of director. retained L DIRECTO	ACTUAL SIGNATURE	Bened	ict	kitareli	) CHIEF MEDICAL			22. DATE SIG
PUT ssary, unercay be by be NERA	EXAMINER'S NAME (Type)	BENEDIC		RELIC, M.D.	DEPUTY MEDIC Address (Stree	t, city, town, or county)C1	une 7, umberla	1967 nd, Md.
the the formal of the formal o	23o. BURIAL, CREA REMOVAL (Sp			23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City of	or Town) (C	ounty) (Stote

June 11, 1967

Comps Cemetery

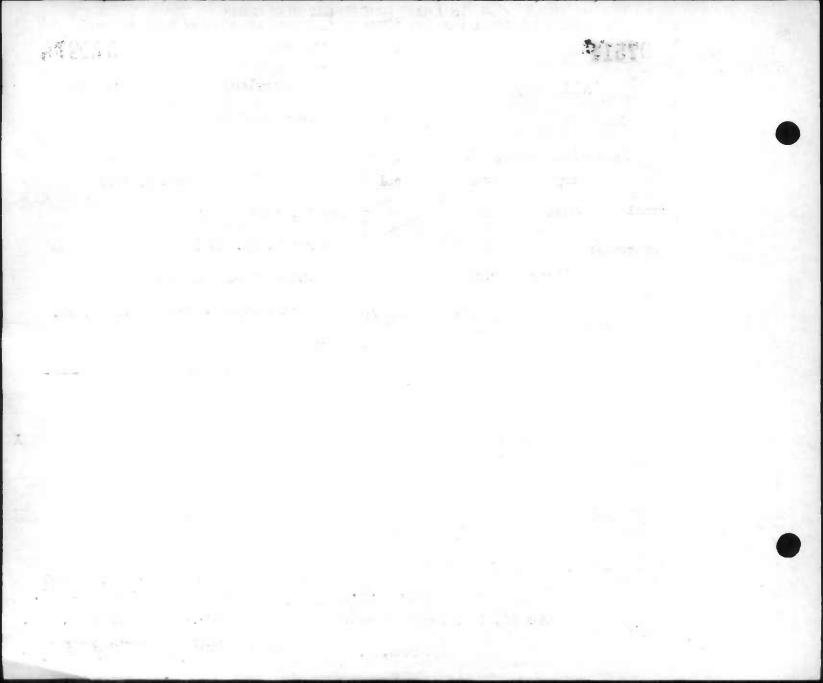
ADDRESS

Hyndman, Pa.

VR A15ME (5) 6M 1/66

23o. BURIAL, CREMATION, REMOVAL (Specify)

24 EUNERAL DIRECTOR



funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72-haurs after the state Dept. Of Health priar ta burial, cremation, ar remaval, and in any event, within 72-haurs after the state Dept. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0751	8		CERTIFIC	ATE O	F DEATH		(	07488
f. PLACE OF DEATH o. COUNTY	llegany		MARYLAN		O CTATE	here deceased lived, if inst	titution: Residence OUNTY Alle	ce before odmission)
b. CITY OR TOWN	(If outside corporate limited give nearest tawn)	ts,	c. LENGTH OF STAY IN F	b c.	CITY OR TOWN (If au	tside corporate limits, write	RURAL ond give	nearest town)
d. NAME OF HOSP	PITAL OR INSTITUTION (If r	ot in hospital,		d.	STREET ADDRESS		01	e. IS RESIDENCE ON A FARM?
105 Fir	st Street.				105 Fi:	rst Street		YES NO
3. NAME OF DECEASED (Type or print)	Norm	irst an	Middle Gilbert	Lin	lost ikswiler	4. DATE OF JUNE	Month	Day Year 17. f9 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH	9. AGE (In year	s IF UNDER 1	YEAR IF UNDER 24 HR
Male	White	WIDOWED	DIVORCED [	] Ap	ril 5. 19	07: 60: birthdoy	/	Doys Hours Min
floo. USUAL OCCUPATION during most of working Mine 13. FATHER'S NAME	ON (Give kind of work done ng life, even if retired)		IND OF BUSINESS OR HOUSTRY  Coal	W		State, or foreign country)  t. Maryland	COL	TIZEN OF WHAT UNTRY?
	. Linkswile	20			Maggie Ma			
15 WAS DECEASED FO	VER IN ILS ARMED FORCES	) f6	SOCIAL SECURITY NO.	17. INFO			ddress	
(Yes, no, or unknown	(If yes give wor or dotes	of service)	5-07-9635				.05 Firs	+ 6+
Conditions, if on rise to immediast.	ny, which gove ote cause (o), derlying couse	(c)	Chronis		yveerdi			3 rears
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE			DITION GIVEN IN PART 1(a)		f9. WAS AUTOPSY PERFORMED?
OR CONTRIBUTIN	/AS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	S:/1 @	RRED. (Enter		Part I or Port II of item 1B.	)	YES NO
20c. TIME OF IN	VJURY Month, Day, Year	20d. II While of wor	Not While	e. PLACE Of factory, s	INJURY (Home, farm, treet, office bldg., etc.)	, 20f. (City or town	) (Cou	unty) (Stote)
saw the	deceased alive an_	spital) atten	ded the deceased fra タイク 19 <i>ゆ</i> り, and	m To I that de	oth accurred at_	963, to <u>Time</u> 9:2012M, fram caus	es and on th	ne date stated abo
22a. SIGNATURI	Baul	RAN.	ilson		PHYS.	MED. STAFF DIRECTOR PHYS.		ATE SIGNED 19 1967
22c. PHYSICIAN NAME (Typ		R. W.	150n M.	٥.	Piedv	nont, W.	Va.	
230. BURIAL, CREMAT REMOVAL (Speci	ify) June 2	16REOF 20, 1967	23c. NAME OF CEMETER Philos Cem			23d. LOCATION (City of Westernpox		(County) (Stote)
24. YUNEKAL DIRECT	TOR E.S. E	bal, We	ADDRESS esternport,	Md.	2So. REC'D	Westernoon BY REGISTRAR 25b.	REGISTRAR'S SI	Judge

THE RESIDENCE OF THE PROPERTY THE PARTY AND TH . To the Land Homizen cutt, June me J. M. J. J. the grant to the contract of dense all parties a succession of the country х ( 

ithing hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Page sha<u>uld</u> be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, without a hours a

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07513			CERT	IFICATE	OF DEATH			074	89
		PLACE OF OEATH D. COUNTY	llegany		M	ARYLAND	o. STATE Mary		ed lived, if institution: b. COUNTY		
	b	b. CITY OR TOWN (I	f outside corporate limit give nearest tawn)	5,	c. LENGTH OF STA	y IN 1b	c. CITY OR TOWN (If our	tside corporat	e limits, write RURAL	and give nearest	town)
		Mid	land	197, 13			Midl	and		01:1	
20	d	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM? ES NO
		NAME OF DECEASED	Fi	rst	Middle		Lost	4. OATE	Month	Doy	Year
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		Conditions, if ony,		(b) Ce	rangue	ue à	Insuft	ice	neel	3	pars
		rise to immediat		` '	f P	a	- 01		0		0
		last.	ilying coose	(c) (l	Meno	scler	0515			140	ars
3	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO T	HE TERMINAL OISEASE CON	NOITION GIVE	N IN PART I(o)		WAS AUTOPSY PERFORMEO? S NO
	CERTIFICATION		S UNDERLYING  CAUSE OF OEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port 1 or Port	I II of item 18.)		
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10		INJURY OCCURRED  e Not While C rk ot work		E OF INJURY (Home, form pry, street, office bldg., etc.)		(City or town)	(County)	(Stote)
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			ZOON	nil	est.	. M.C		MED. DIRECTOR	STAFF PHYS.	1 . 1	.67
	8	22c. PHYSICIAN'S NAME (Type		MIL	Es, U	R	LON		NING		MD.
H	230	BURIAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF C				CATION (City or Town		, ,
		REMOVAL (Specify		9/196		urg M	lemorial P	ark F	rostbur	g A.	Md
1	24	. FUNERAL DIRECTO		OFFICE	AODRESS		HILA	BY REGISTR		STRAR'S SIGNATUR	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07514

CERTIFICATE OF DEATH

07490

	ACE OF DEATH					2. USUAL RESIDENCE (\	Where deceosed lived,		sidence befo	ore ádmission)
0.	o. COUNTY ALLEGANY			MAR	YLAND	o. STATE MARYLAND b. COUNTY ALLEGANY			ANY	
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)		c. LENGTH OF STAY		c. CITY OR TOWN (If ou		write RURAL and	give neore	est town)	
			2 WEEKS			TBURG			./	
d. 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give					d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	MI	NERS HOSP	ITAL			224	EAST MA	IN STRE	CET	YES NO
	ME OF CEASED	Fi	rst	Middle		Lost	4. DATE	Month	Do	y Year
	pe ar print)	RUT		BEATRIC	CE I	LOCKARD	DEATH JUI		26	
S. SEX	(	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 E	B. DATE OF BIRTH	9. AGE (II	rthday) Mant	hs Davs	
FEN	EJAN	WHITTE	WIDOWED	DIVORCE	D 🗌		107 60	yrs.		
		(Give kind af wark dane life, even if retired)	10b. KI	ND OF BUSINESS OR		IL BIRTHPLACE (County	& Stote, or foreign cou	ntry) 13	2. CITIZEN C	
dorling	IOUSEW.	LFB	OW	ND OF BUSINESS OR DUSTRY NO HOME		ZIHLMAN,	MARYLAN	0	U.S.	.A.
13. FA	ATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			
100	HENR	Y STEELE				DAISY MUSETTER				
		R IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO.	17. 1	NFORMANT		TROOTBI	7	MD.
	VO	(ii yes give wor or dutes t	11 261AICE)		MR.	. GEORGE I	LOCKARD,	224 E.1	MIAN	STREET
1		EATH (Enter only one cau	ise per line far	(a), (b), and (c).)	^	0	0	, "		TERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: , IMMEDIATE CAUSE	(o)	Chion	uco	glower	way	epherl	eo 24	INSET AND DEATH
	433	DUE	TO	0 1	^	0	0.	1		
	anditians, if any se to immediat		(b)	Corde	2	eculor	desi	asl	4	lass -
st	ating the under		TO (c)	Chro	mi	es ale	all de	seare	3 6	fears-
- P	ART II. OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PAI	RT 1(a)	19	. WAS AUTOPSY
ATIO										PERFORMED?
		S UNDERLYING	20b. DE:	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port 1 or Port II af ite	m 18.)	100	
ER O		CAUSE OF DEATH MEDICAL EXAMINER)								
		JRY Manth, Day, Year	20d. IN	JURY OCCURRED		E OF INJURY (Home, farm		town)	(County)	(State)
WED	Haur o.i	10	While of wark	Not While at work	facto	ary, street, office bldg., etc.)				
		fy that (I) (this hos			fram	nor	96 7 to Se	ultila	19671	that (1) (we) la
		eceased alive an	lune			death accurred at		causes and a	in the do	ate stated abo
7	220. SIGNATURE	2.0		0,		ATTENDING >	MED. SI	AFF 22	b. DATESIG	ENED
		10 the	15,	war	1.M , W	PHYS.		HYS.	6/2	7/67
	22c. PHYSICIAN'S NAME (Type	TOWN: D	. DAV	TC M D		22d ADDRESS	DWAY. FR	OSTBUR	2 M	ARYLAND
	NAME (1 ype	JOHN B	- DAV.	IS, M.D.		2 BROA	JWAL, FIL	OPTDOM	u , 111	ALLHAND
23o. E	BURIAL, CREMATIO	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM		The state of the s	23d. LOCATION (		(Count	ty) (Stote)
BU	REMOVAL (Specify	JUNE 29	,1967	FROSTBU	RG M	EM. PARK	FROSTB		MA	
24.	UNESAL DIRECTO	M. Sowers	HAFER.	-SOWERS	FUNE	RAL HOMES	BY REGISTRAR 196	72Sb. REGISTRA	BR. SIGNATI	nudge
	RILOU	M. SOWERS	60 1	W.MAIN.F	ROST	BURG DATE				0

boy papers. Pages 1 ond 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician. Pages completely filled in by the pove carbon papers. Pages event **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and director, page 3 should be detached far use as the buriol-transit permit. Then please remoshauld be filed with the State Dept. of Health prior to burial, cremotion, or removal, and VR A15 (4) 20 M 1/66

1			EPARTMENT OF HEALTH	ADVI AND							
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  O7515  CERTIFICATE OF DEATH  O7491									
death death	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE b. COUNTY	esidence before admission)							
after the ges 1 after		ALLEGANY MARYLANO b. CITY OR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 18	MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
hours of in by rs. Page hours		write RURAL and give nearest town)  CORRIGANVILLE 17 DAYS	CORRIGANVILLE	011							
- P - 2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?							
T. Carrier		SACRED HEART HOSPITAL	BOX 173, Park Ave.	YES NO X							
	3.	NAME OF First Middle DECEASED (Type or print) GUY Earl.	Last 4. DATE Month OF DEATH JUNE	Day Year							
comple comple event,	5.		MARTIN DEATH JUNE  8. DATE OF BIRTH 9. AGE (In years   IFUNDER   last birthday) Months								
and com	1	MALE WHITE WIDOWED OIVORCED AUGUSTAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR	4-22-39 28 yrs.	ITIZEN OF WHAT							
be cian ase ase nd i	du	ring most of working life, even if retired)  Custodian,  Fraternal Organization	CC	DUNTRY?							
<u>→</u> <u>→</u> <u>-</u> <u>-</u> <u>-</u>	13	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	U.S.A.							
certificate nding physi . Then ple removal, a	_	GUY MARTIN	Esther Dickel	44.4							
e site	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT DO TO THE METERS NO. 173 Corrigans ville										
at the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:	1 0 .	ONSET AND DEATH							
- T & C C	Н	IMMEDIATE CAUSE (a)	a carerosoronos	would ,							
ires t physi n sign burial		Conditions, If any, which DUE TO Evinos San	como R. riho	18 mas							
de ser to to to		gave rise to immediate cause (a), stating the OUE TO									
he law re or attendii ite has be use as th alth prior	ATION	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO							
SICIAN: The hospital or certificat ched for upt. of Heal	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Entor nature of Injury In Part I or Part II of Item 18.								
IG PHYSIC by the hoster this controlled detach	MEDICAL		LACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bidg., etc.)	inty) (State)							
NDIN ned h S. Aff	-	21. I certify that (1) (this hospital) attended the deceased from 8 Jan., 1967, to 19 June, 1969, that (1) (we) last									
ATTE retai CTO Sho vith t		saw the deceased alive on 18 June 1967, and the	nat death occurred at A-M, from the causes and on t	he date stated above. ATE SIGNED							
U OR I		James Sugman	M.O. ATTENDING MED. STAFF PHYS. 19	me 67							
HOSPITAI age 4 ma FUNERAL irector, p		PHYSICIAN'S NAME (Type) DR. JAMES G. STEGMAIER	122 S. CENTRE STREET, CUMBE	RLAND, MD							
Page 4 For Fune directe	23	DEMOVAL (Spacify)									
	24	Burial 6/21/67 Restlawn Mem 4. FUNERAL DIRECTOR ADDRESS	1 25a. REC'O BY REGISTRAR   25b. REGISTRAR	SIGNATURE.							
VR A15 (4)		H. Wayne George Cumberland, Maryland	DATJUN 2 3 1967 Actions	s grade							
20M 1/65	-										

AlluieTT A WEALTH CHI TANK 17 DAYS CORRESHILLS C KALCA PILLE SECRED HEART HOSPITEL BOX 173, Presidence. CUY Ears, FIRTH JULE 19. 67 MOLE VIHITE CALE 55-55m7 Controller, Fig. Series Wilderson, PLLEGGIY CTY, WAYLOND U:5: D.

Labor Water GUY MITTH

DR. JOHES G. STERLIER 122 S. CENTRE STREET, CUMBERLAND, NO

Correct 2/21/27 Restlere West Contests Combertand No. 100, No.

B. Mayne Toroge Casher Land. Tergland -

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07516 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Allegany a. STAMarvland b COUNTY a. COUNTY Allegany MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, write REFAL and give negres town) Moscow IS RESIDENCE ON A FARM?Y d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Miners Hospital NO T NAME OF First Middle MATTHEWS 4. DATE Year DECEASED OF HAZEL 19 (Type ar print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH los girthday) Months Days Hours Female White WIDOWED DIVORCED 6/8/1908 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life even it retired)
House Wife West Virginia INDUSTRY CARLES S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rose Bradford Louis Smith 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Edward P. Matthews, Moscow, MD. (Husband) | INTERVAL (Yes, na, ar yaknawn) (If yes give war ar dates af service) None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION 2 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) While Not While at work at wark , 1967, to JUNE 17 21. I certify that (1) (this hospital) attended the deceased fram JUNE 16 saw the deceased glive on WONE 17 1967, and that deoth accurred of 2556AM, from causes and on the date stated above. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) PROSTOUR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23o. BURIAL, CREMATION (County) (State) Laruel Hill Cemetery Moscow. 1967 2Sg. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 196 George Eichhorn Lonaconing, Md.

be executed within 24 haurs after death. haurs after by the ti filled in popers. hin 78 pleose remove corbon completely and in any physician OR ATTENDING PHYSICIAN: The law requires that the death certificate or removol, g phy Then I permit. cremation, buriol-transit p signed buriol, be retained by the hospital or attending has been use os the Dept. of Heolth prior to this certificote far detached State After pe with the TO FUNERAL DIRECTOR: director, poge 3 should be filed v Poge 4 may director,

VR A15 (4)

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FOR S	TATE	1	04314 N	IEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07493
EALTH	DEPT		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if in	nstitution: Residence before admission)
e o 2	7	1	a. COUNTY Allegany	MARYLAND		COUNTY
y delay is ond 3 to PM3. Page	t	-	h CITY OR TOWN (If outside corporate limits		c. CITY OR TOWN (If outside corporate limits, write	Allegany
ond M3.	He		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	40 37		TO NORE and give neoless lowing
Z, C	200	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	13 Years	Cumberland d. STREET ADDRESS	e IS RESIDENCE
es 1, farm	Del			itol, give street oddress,		ON A FARM?
Jes far	o 00		418 Oldtown Road		418 Oldtown Road	YES NO
Pog ith	St	3	NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Doy Year
nould be executed within 24 hours otter deoth. I word "pending" in pencil in Item 18. Give Poges the Chief Medical Examiner's Office olong with far	burial-transit permit. File pages lond 2 with the State Department of	1	(Type or print) Elizabeth	Gillin McCartne	evsmith DEATH .	June 25 19 67
Give	<b>E</b>	1/5	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	ors IF UNDER 1 YEAR IF UNDER 24 H
200.0	2/±	V		WED XX DIVORCED	June 16, 1891 76	yrs.
hours tem 18 Office	as a burial-transit permit. File pages lond 2 wond in any event within 72 hours after death.	11	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) usician & Evangelist	Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT
24 h in It	lo ler	d M	ring most of working life, even if relired)	INDUSTRY Missionary	Waterloo Towa	COUNTRY?
il ir	ges	Ti	B. FATHER'S NAME	TITO DI OTTAL	Waterloo, Iowa 14. MOTHER'S MAIDEN NAME	U.O.A.
enc	bo		Enceloid II Maden	draw	W T C477	*
EX -	File 2 ho	-	Franklin H. McCar  Was Deceased Ever IN U.S. ARMED FORCES?	tney 16. SOCIAL SECURITY NO. 17. I	Frances J. Gill	Address
ol : i	nit.	(	(es, no, or unknown) (If yes give wor or dotes of service)			
"pending ief Medic	ithi	-	No	्राष्ट्र	gene Abe, 502 Montreal	Avenue, Cumb., Md.
f M	±is +		1B. CAUSE OF DEATH (Enter only one couse per lin		RONARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH
hie h	ran		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	COF	TOWART COOLOGION	SUDDEN
word the Cl	al-t		Conditions, if ony, which gove )		CORONARY SCLEROSIS	
sho e v	ouri ar		rise to immediate cause (a)		001.011,201	
verificate sh writing the warded ta t	- i-		stoling the underlying couse DUE TO			
ting ting rde			lost. (c)			
s certificate she, writing the forwarded ta	your files. Page 3 should be used cremation, or removal,	2 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
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ER: This certificate, ould be fo	d b	TIEL	2Do. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	bb. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item I	B.)
INER: e certifi should	s. noul	18	CAUSE OF DEATH.			
MINER: the certi	file 3 sh fion	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 2		CE OF INJURY (Home, form, 2Df. (City or tov	vn) (Counly) (Slote
A + +	your Page crema	ME	Ноиг о.m. р.m. 19	While Not While foct	ory, street, office bldg., etc.)	
cute	Pod:				ld on Autopsy , Inspection X	Inquiry [V] and in my onin
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ME lea dire	DIE to		ACTUAL BOND TO	· Varia	`	22. DATE SIGN
Z . 2	AL Al		SIGNATURE (Seriedice)	SkeTarelie	DEPUTY MEDICAL EXAMINER J	une 25, 1967
sar une	V b	2	EXAMINER'S NAME (Type) BENEDICT SKIT	ARELIC. M.D.	Address (Street, city, town, or county) C	
o DEPUT necessary, the funera	5 may be retained far y TO FUNERAL DIRECTOR: P. Health prior to buriol, an	2	RO RURIAL CREMATION 235 DATE THEREOF	1 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City	or Town) (County) (Stote)
To Lee	70 H	1	REMOVAL (Specify) Burial June 28.19	67 Davis Memoria	7 Park Near Cumbe	erland, ALLegany, M
	. (	1	4. FUNERAL DIRECTOR	PORESS	2So. REC'D BY REGISTRAR 2S	b. REGISTRAR'S SIGNATURE
VR A	A 15ME (5)		John J. Hafer, Jr 230 Ba	17+D Arm Crombon?	and Md au 1111 9 0 4007	Charles Judge
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: b. COUNTY a. STATE GARRETT c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG e. IS RESIDENCE DN A FARM? d. STREET ADDRESS RT. ND X YES DATE Month Day Year Last McKENZIE JUNE 67 DEATH 19 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Hours 63 24, 1904 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? U.S.A. MARYLAND 14. MOTHER'S MAJOEN NAME NANCY ALBRIGHT 17. INFORMANT Address CLARENCE MCKENZIE, RT. 2, BOX 462, FROSTBURG, INTERVAL BETWEEN ONSET AND DEATH CORONARY Occlusion CORONARY Sclerosis Judden WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO 🔀 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Inspection X. Inquiry X and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6/9/67 DEPUTY MEDICAL EXAMINER 'X Address (Street, city, town, or county) RD 9, CUMBERLAND. MD 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) BURIAL (Specify) GARRETT COUNTY, MARYLAND JUNE JOHNSON CEMETERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Achianlas Judy 1967 JOSEPH R. DURST, SR., FROSTBURG, MD.

DATE

VR AISME (5) 1/65 naste de subselessor de datos es medias de la filia de

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and thempetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

	0751	OF STATIS	STICAL RESE			, 301 W. PRESTO		T, BALTIMO	RE 1, MA	710	5
1	PLACE OF DEAT	<u> </u>	tem #12 F	11m #U39U	5/23	2. USUAL RESIDEN		acced lived of inci	Litutions Daci	dance before	admission)
1.	a. COUNTY					a. STATE		b. COUN		Delice Detoic	aumission,
		EGANY	MILLER TO A	MAI	RYLANO	MA	RYLAND			LLEGAN	1Y
	b. CITY DR TOW	N (if outside cor and give neares	porate limits,	c. LENGTH DF ST	AY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, wri	te RURAL an	d give near	est town)
	CUMBER		t town,	15 DAY	S	CUMBER	LAND		011	. /	
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if not in h	ospital, give street	t address)	d. STREET AOORESS					ESIDENCE
	SACRE	D HEART	HOSPITAL			4061 FUR	NACE ST	r., CUMB.	MD.	YES	A FARM?
3.	NAME DF DECEASED		First	Middle		Last	4. DATE	Month		Day Y	rear
	(Type or print)	PETER		C.	ME	CONI	DEATH	JUNE		14 19	9 67
5.	SEX	6. CDLDR DR R	ACE   7. MARRIED	X NEVER MARR		. DATE OF BIRTH	9.	AGE (In years)	IF UNDER 1 Y		
	MALE	WHITE	WIDOWED		LED [	4-14-1900		67 yrs.		ays Hour	
10a	I. USUAL OCCUPAT	IDN (Give kind of a life, even if r	work done   10b. F	(IND OF BUSINESS I	DR	11. BIRTHPLACE (C	county & State,	or foreign country		ZEN DF WH.	
	STORE		,,,,,,	noodin.		LUCCA,	ITALY			U.	S.A.
13.	. FATHER'S NAM	IE				14. MOTHER'S MAIC					
	ANAST	ASIA				FRANCESA					
	. WAS DECEASED	EVER IN U.S. ARMI		SOCIAL SECURITY	NO.   17.	INFORMANT		Addres	S		
(Ye	YES	(If yes give war or d		214-32-290	9 H	OSPITAL REC	ORD				
	18. CAUSE DF	DEATH [Enter on	ly one cause per	line for (2) Mb) cand	467,100	11110				INTERVAL E	
	PART I. OI	EATH WAS CAUSE	0 BY:	UKEMIC	PUISUN	NING			0.4014	ONSELMIN	<b>K</b> DEATH
	2011	IMMEDIATE CA	-								
	2761		OUE TO GASS	ROINTESTI	NAL HE	EMMORHAGE				2 WK	S
	Conditions, if		(b)								
	cause (a), s	- 1	OUE TO SEV	FRE ANEMI	A WITH	H THROMBOCY	TOPENIA			4 WK	S
-	underlying caus		(c)								
CERTIFICATION	PART II. OTHERS	NIC LIVE	R DISEASE	-ARTERIOS	CLERO	TED TO THE TERMINAL I	I SEASE CON	DITION GIVEN IN	PART 1(a)		AUTDPSY ORMED?
CERTIF	20a. ACCIOENT DR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYIN ING CAUSE DE TIFY MEDICAL EX	IG [] 20b. DEATH KAMINER)	OESCRIBE HOW IN.	JURY OCCU NONE	RRED. (Enter nature o	f Injury in Pa	rt i or Part II o	Item 18.)		
AL	20c. TIME OF	INJURY Month,	Day, Year   20d.	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (	(City or town)	(Count)	y)	(State)
MEDICAL	Hour a.r		While		factor	ry, street, office bldg., e	etc.)				
Σ	p.1	m.	19 at wor	k at work	11	1AY 30	67	JUNE 14.	67		
		fy that (1) (this		led the deceased	from	1	9 05, 10		_, 19	_, that (1)	(we) las
	saw the de	ceased alive on	JUNE 14,	196/	, and that	death occurred at	5.05 <sub>M</sub> ,Al	m the causes			ed above
	22a. SIGNATU	RE	1	mad		#		07455	22b. DAT	ESIGNED	
	Xan	201. 1	racena	2 27/1	M.O	ATTENOING T	MED. OIRECTOR	STAFF PHYS.		0,	
	226. HHYSICIA					22d. ADORESS				112.4	
	NAME (T:	JAMES	P. HALLI	NAN. M.D.		140 BED	FORD ST	CUMB,	MD.	21502	,
232	BURIAL, CREM		ATE THEREOF	23c. NAME OF	CEMETERY	DR CREMATORY		CATION (City, to	wn or count		(State)
34	FUNERAL DIRE	CTDR 4	16/6/	ADDRESS	wyer	1 25a. RF	C'D BY REGIS	STRAR   25b. RE	GISTRAR'S	SIGNATURE	CX
1	Laurs	Stee	in One	Cum	Un	MAD JUN	19 19	107	iarles	Judge	4
						- JCC I DAIL				1 9	

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CHRONIC LIVER DISEASE-ALTERI SCLEROLIC HEARN DISEASE

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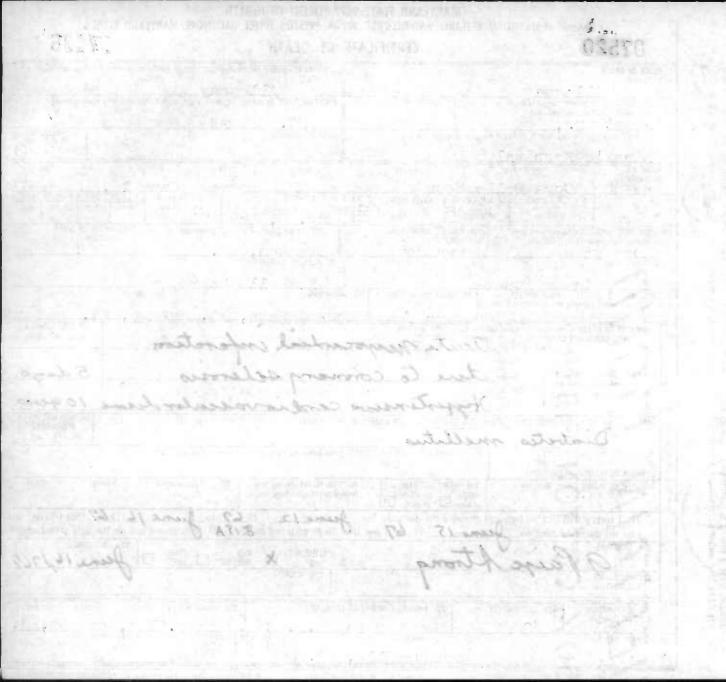
JAMES P. HALLIMAN, M.D. 140 EPFORE ST., CUM., MA. 21502

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A	0752	20		CERTIFICAT	E OF D	EATH		074	196
in by the funeral rs. Pages I and I havrs after death	PLACE OF DEATH     O. COUNTY	REVALUE IN	100000		2. USUAL o. STAT		eceased lived, if institu b. COL		re admission)
es l		Allegany (If outside corporate limit		MARYLAND ENGTH OF STAY IN 1b	C CITY OF	Alleg	any rporote limits, write RI	Md evin had IARI	st town)
7 th	write RURAL a	nd give nearest town)	5,	I. en	L. CIII OF			orat one give needs	/ /
s. I hau	4 NAME OF HOSP	OUTE ITAL OR INSTITUTION (If no	at in hospital give st	4 Days	d. STREET	Mt. Sava	ge	4	e. IS RESIDENCE
papers papers thin 72	C 10 PT 10 PT			our address)	d. Silver	, in the second			ON A FARM? YES NO
量を違うし	3. NAME OF	's Hospita	rst	Middle	ll lo	st 4. DA	ATE Moi	nth Do	
ampletely fi	DECEASED (Type or print)	Como B	elle Met	77		01			19 67
nple o ca	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
E & S	F	T <sub>A</sub> J	WIDOWED	DIVORCED	Aug	9 189	last birthday)	Months Days	Hours Min.
attending physician and campletely filled in permit. Then please remove carban papers. an, or remaval, and in any event, within 72 h	10o. USUAL OCCUPATION	ON (Give kind of work done	10b. KIND OF	BUSINESS OR		IPLACE (County & State,	or fareign country)	12. CITIZEN O	
eas	House		Own	Bally Trade		anton, M	d		SA
hysi n pl val,	13. FATHER'S NAME				14. MOTH	IER'S MAIDEN NAME			
The may		nin Sweits					Schroyer		
ending phy nit. Then or remava		/ER IN U.S. ARMED FORCES? ) ((If yes give war or dates		. SECURITY NO. 17.	INFORMANT		Add	ress	
erm erm in, o	No				Toward	Metz,	Mt. Sava		
by the atterransit perr	18. CAUSE OF	DEATH (Enter only one con ATH WAS CAUSED BY:	use per line far (a), (l	o), and (c).)	,	10.	, + .	IN OI	TERVAL BETWEEN NSET AND DEATH
by the franscreem	Unn	IMMEDIATE CAUSE		· Mings	cede	as conf	exclion		
prystan signed by the attendi burial, cremation, or r	Conditions, if on	DUE	1	+ 000	100	. 101		-	-1-0
signed burial- burial	rise to immedia	ote cause (a),	(b) <u>ane</u>	US COY	mar	y ware	TOTAL	,   ~	asys
to the	stoting the und	erlying cause	10 Herre	tensin	car	diam.	1 euler	leanne 1	10 years
has been se as the h prior ta	PART II. OTHER	SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINA	AL DISEASE CONDITION	GIVEN IN PART 1(a)	19	WAS AUTOPSY PERFORMED?
	NO T	Sintreten	melli						PERFORMED?
rrificate hod far use of Health		AS UNDERLYING	. , ,	HOW INJURY OCCURRED	). (Enter natur	e af injury in Part I o	r Part II of item 18.)		
certificate thed far u		IG CAUSE OF DEATH Y MEDICAL EXAMINER)	A NAME OF						
is c tach Dept	20c. TIME OF IN	JURY Manth, Day, Year	20d. INJURY				20f. (City or town)	(County)	(State)
de de		o.m. 19	While at work	at wark		ffice bldg., etc.)			
Afte be Sto	21. I cer	tify that (I) (this has	spital) attended t	the deceased fram_	June	12, 196	2, to June	16, 1967, t	hat (I) (we) last
# # # # # # # # # # # # # # # # # # #			June 15	19 <b>_67</b> , and th	of death a	occurred at 32.13	AM, from causes		
KECTOR: After this certing 3 shauld be detached with the State Dept. at	22a. SIGNATUR	SP.	1+		ATTENE	DING MED.	STAFF	22b DATE SIG	NED
DE G	22c. PHYSICIAN	1 paige	Muos	rg	M.D. PHYS.	ADDRESS DIRECT	OR L PHYS. L	June	16/769
RAI be fi	NAME (Typ			1	120.	AL DILEGO			
O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with th	23o. BURIAL, CREMAT	TON, 23b. DATE TH	EREOF 1 23	. NAME OF CEMETERY O	R CREMATORY	230	d. LOCATION (City or T	own) (Count	y) (Stote)
	REMOVAL (Speci	(v) 6/20		lew German		1000	rantsvil		
- 14	24. FUNERAL DIRECT	da		ADDRESS	V	2So. REC'D BY RE	GISTRAR 25b	REGISTRÁR'S SIGNATU	
VR A15-(4) 20 M 1/86	Kuth	Reuma	J Gra	ntsville	Md.	MAN 21	1967	ciarles fu	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.



event, within 72 hours

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07527				CERTIFIC	CATE	OF DEATH			07	497	
	LACE OF DEATH						2. USUAL RESIDENCE o. STATE	(Where deceosed live	ed, if institut		before od	mission)
U	ALLI	EGANY			MARYLA	ND	MAR	YLAND	D. COUR	ALLE	GANY	1
b	CITY OR TOWN (I	f outside corporote limi	ts,	c. LEN	GTH OF STAY IN	1b	c. CITY OR TOWN (If o	utside corporote limi	its, write RUF	RAL and give n	earest tov	vn)
	CUM	BERLAND		2	HRS.		CUMBER	LAND, M	D.	,	0	1.1
d	. NAME OF HOSPITA	AL OR INSTITUTION (If r	ot in hasp	ital, give stre	et address)		d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
	MEMO	DRIAL HOSF	ITAL	a .			13 LAI	NG AVEN	UE ·		YES	NO
	AME OF ECEASED	F	irst		Middle		Lost	4. DATE	Mont	h	Doy	Year
	Type or print)		BAB'	Y BOY			MILLER	OF DEATH	6-5	5		1967
s. s	EX	6. COLOR OR RACE	7. MAR	RIED N	NEVER MARRIED	X) B	. DATE OF BIRTH		(In years birthdoy)	Months D		JNDER 24 HR
M	IALE	WHITE	WIDO	WED	DIVORCED		6-5-67	1051	yrs.	Molillis	uks luc	Durs Min.
0o.	g most of working	(Give kind of work done life, even if retired)	10	Ob. KIND OF B			11. BIRTHPLACE (County		ountry)	12. CITIZE	N OF WH	USA
	1	NONE			NONE	,		LAND, MD.				HGU
13.	FATHER'S NAME	WILLED					14. MOTHER'S MAIDEN		v			
		MILLER						. CHANE				
IS. (Yes	, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	16. SOCIAL S			FORMANT	OCDITAL	Addre		ND	140
	NO				NONE	M	EMORIAL H	OSPITAL	CUN	BERLA	ND,	MD.
	Conditions, if ony, rise to immediat stoting the under lost.	which gove e couse (o),	(o) TO (b) TO (c)	P	PRN		crity					AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUT	ING TO DEATH	BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN F	PART 1(o)		19. WAS PERI YES	FORMED?
CEKTIFICATION		UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20	Db. DESCRIBE H	HOW INJURY OCC	JRRED. (	Enter noture of injury in	Port I or Port II of	item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10			ot While of work		E OF INJURY (Home, far ry, street, office bldg., etc		or town)	(Count	у)	(Stote)
		y that (1) (this ha	spital) a	ttended the	e deceased fr	am	1 1 6	19, to		, 19	, that (	(I) (we) lo
		eceased alive an_	~ /	,	_19, an	d that	death accurred	JUAM, frai	m causes			oted aba
1	22g. SIGNATURE	200 Q1	VI	no de	111	44.5	ATTENDING	MED.	STAFF PHYS.	22b. DATE	SIGNED	
-	22c. PMYSICIAN'S NAME (Type)		BERT	D. E	RODELL	M.D	22d. ADDRESS	RLAND,		21		
230.	BURIAL, CREMATIC	N, 23b. DATE TH	IEREOF	23c.	NAME OF CEMETE	RY OR (		23d. LOCATION		wn) (Co	ounty)	(Stote)
E	REMOVAL (Specify	JUNE (	5, 19	967 F	LEASAN	C VA	LLEY	LOCI	KLYNN	, MD-G	ARRE	TT
24.	FUNERAL DIRECTO				ADDRESS UMBERLA		2So. REC	D BY REGISTRAR		GISTRAR'S SIGN		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remoye-carban papers. Pahauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in apy event, within 72 hour

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 moy be retained by the haspital ar attending physician.

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CUMBERLAND, MOS

3 CATHG AVENUE

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T METORIAL HOSPITAL CUMBERLAND, MO.

CUMBERL GIR, 190.

FOR STATE HEALTH

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5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as o buriol-transit permit. File pages and 2 with the State Department of the Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners, Office along with farm PM3. Page

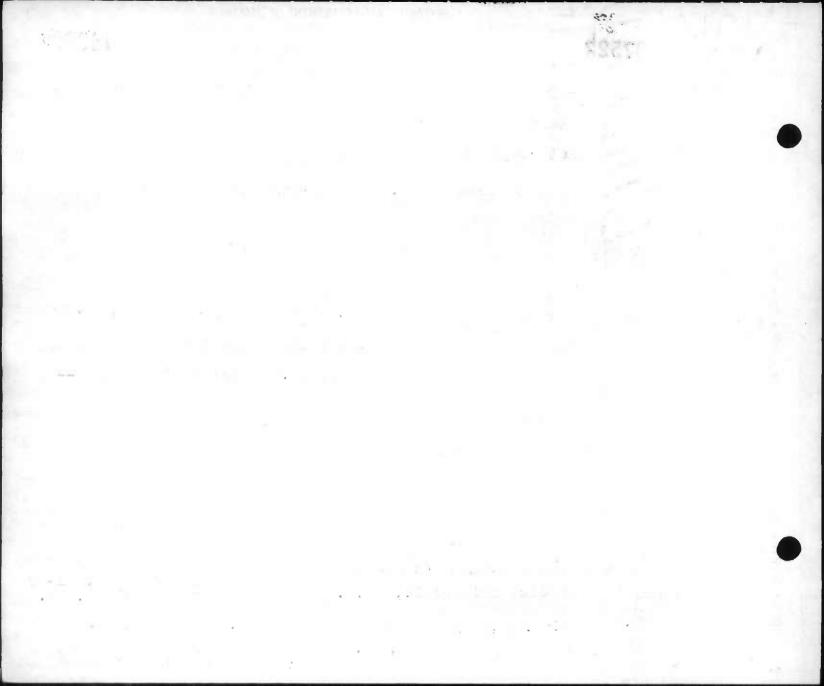
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

07522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07498

	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deci			ice befare o	admissio	n)
		Allegany		MARYLA	AND		yland	1		lega	V	
	b. CITY OR TOWN (I	f outside carparate limi give nearest tawn)	ts,	c. LENGTH DF STAY IN	1b	c. CITY DR TOWN (If ou	ıtside carp	orote limits, write l	RURAL ond give	e neorest t	lown)	
	Cumi	perland		DOA		Cuml	berla	and	-	7.1		
		AL DR INSTITUTION (If r		give street address)		d. STREET ADDRESS		_		e.	IS RESID ON A FA	ENCE
	Memo	orial Hos	pital			Po.	lk St	treet		YE		NO 🔀
	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Mo	onth	Day	Уеа	
	(Type or print)	F	rances	S		Mongold	DEAT		une	8	19	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0 8	DATE OF BIRTH		<ol> <li>AGE (In years lost birthdoy)</li> </ol>			F UNDER Hours	Min.
	Female	White	WIDOWED	DIVORCED		June 6, 190		61 yrs.		Doys	110013	MIII.
100	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote	0	* * *		TIZEN OF VOLUNTRY?		
dur	most of working Waitress	ine, even ir renirea)	R	estaurant		Hartford	d, Co	onn		UNIK) :	USA	
13.	FATHER'S NAME					14. MDTHER'S MAIDEN						
		?					•	?				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.		FORMANT			dress			
()	yes, no, or unknown)	(If yes give wor or dotes War II	of service)		Mr	· Cleo Mon	gold	, Cumber	land,	Md. H	lusb	and
	18. CAUSE OF DE	ATH (Enter only one co	use per line for	(o), (b), ond (c).)							VAL BETV	
	PAKI I. DEAI	IMMEDIATE CAUSI	E (o)		Co	conary 0	cclu	sion		Suc	and P	1
	4201		E TO									
	Conditions, if any,		(b)		(	Coronary	Sc	lerosis		-	0 000	
	stating the under		E TO									
	last.	)	(c)									
2	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE COI	NDITION G	IVEN IN PART I(a)			AS AUTO	
ATI0										YES		NO 1
CERTIFICATION	20o. EXTERNAL CA PRIMARY Or CO		20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter nature of injury in	Part I ar F	Port II of item 18.)				
<u> </u>	CAUSE OF DEATH.	WIKIDOIIIIO 🗆										
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year				E OF INJURY (Home, forn		. (City ar tawn)	(Co	unty)	(5	itote)
ME	Haur a.n p.n	10	While of world		10010	ry, street, office bldg., etc.	,					
	21. I certif	y that I taak chard		nains described aba	ve, hel	d an Autapsy	Inspe	ction X, In	quiry X,	and in	n my o	pinian
	death result	•	_	Accident ,		de 🗍 Hamicide		Undetermined	manner	]		
			- 1	/_ /	1	CHIEF MEDICAL	EXAMINER					
	ACTUAL SIGNATURE	Zene de	cts	Kitarel	w	M.D. ASSISTANT MED	DICAL EXAM	AINER		22.	DATE S	SIGNED
	EXAMINER'S					DEPUTY MEDICA			lune	8,	196	7
	NAME (Type)	Benedict	Skit		M.D			n, or count Cun	berla	nd.	Md.	
230	BURIAL, CREMATIC	1		23c. NAME OF CEMETE				LOCATION (City or	,	(County)	(St	ote)
	REMOVAL (Specify	June	13,1967	Winches	ter	National C		Winches	ter, V	a.		
24	. FUNERAL DIRECTO	R	4 (19300	ADDRESS herland M	d	250 REF	BY REGI	ST 967 25b	BEGISTRAR'S S	IGNATURE		
1	James F	. Scarpell	.I., Gum	berland, M	UL .	DATE		1001	THO	D June	The same	

VR A15ME (5) 6M 1/66



# 07523

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07499

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<b>OSPITAL OR ATTENDING PHYSICIAN:</b> The law requires that the death certiticate be executed within 24 haurs atter-death.	V	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor	ctar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2	r death.
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARY! AND ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give negres town CUMBERLAND CUMBERLAND 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM3 MEMORIAL HOSPITAL 121 PENNSYLVANIA 3. NAME OF First Middle 4. DATE Last Month Year DECEASED MORRIS JUNE 1967 JOHN (Type or print) DEATH B. DATE OF BIRTH 1905 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Hours 8-10-1905 WIDOWED DIVORCED WHITE MALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) rextile COUNTRY? & Cab Co · HYNDMAN. PA. RETIRED USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN MORRIS MARTHA DEVORE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. While Not While foctory, street, office bldg., etc.) 1905 ta 19 6 /, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. and that death accurred at 7:05/P, from causes and on the date stated obove. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GREENE STREET CUMBERIAND WEISMAN 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) Poge To Fu REMOVAL (Specify) Buria St. Patrick's Cemetery Cumberland Md. Allegany 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Milane James F. Scarpelli, Cumberland, Md. DAILIN 9 25M 1/67

1 - 1 - 1 - 1 - 1 - 1 QEALIFBUILD BVACALUAYLYENERS ISL O. . . . MAT. 920H JATACHEM A.SU ARL PARTHY ST. HEIDE IN L. 1984 FIRE CONSERVANT. NO. . . . Mr. d., daily b. (230787, d.a.d.) 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, MARYLAND Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) partm after Rurak Corriganville Most of d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Most of Life Rural Corriganville, Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours NO V State YES Rt. 1 Hvndman Rt. 1 Hyndman. NAME OF First Middle DATE Lost Month Year DECEASED 0F within (Type or print) Svlvia 16 # Mvers DEATH June 19 67 with S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED 59 ost birthdoy) Months Dovs Hours Female White WIDOWED DIVORCED Oct. 16, 1907 event 2 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Pa. USA any Own Home pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C Peter Bowman Alice (Bird) Fie e pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. Gordon Bowman R. D. #2 Glen Rock, Pa. No None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: DEATH 10 CORONARY OCCLUSION IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if ony, which gove CORONARY SCLEROSIS (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 lost. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO K P pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL designated agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page 19 ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion Natural causes XX deoth resulted from: Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER

M.D.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cumberland, Md.

Mt. Savage Meth.

BENEDICT SKITARELIC.

1967

23b. DATE THEREOF

Jun. 18.

ASSISTANT MEDICAL EXAMINER

DATE

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER XXJune 16. 1967

23d. LOCATION (City or Town)

22. DATE SIGNED

Cumberland, Maryland

(County)

ELCHSTAM PHE SECHATIVE

Health the 5 0 VR A15ME

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ACTUAL

SIGNATURE

**EXAMINER'S** 

NAME (Type)

23o. BURIAL, CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify) Burial

William G. Kight

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07525 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY ° Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Lonaconink Frostburg e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Dudley Street YES NOT Miners Hospital 3. NAME OF Middle Lost 4. DATE Month Year DECEASED (Type or print) OF DEATH NEAT 6/14/1967 **JESSIE** B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (ast birthdoy) Months 10/27/1893 White WIDOWED Female 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life even if retired) COUNTRY? INDUSTRY Lonaconing, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frances Emerson John F. Steele 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service Irvin Neat Lonaconing, Md. No None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse lost. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Not While foctory, street, office bldg., etc.) ot work 8 ta Jun 21. I certify that (1) (this hospital) attended the deceased fram 1967, and that death accurred at 1 D. M. from causes and an the date stated abave. saw the deceased alive and 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) 6/17/1967 Frostburg, Md. Memorial Park 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DANJUN 16

Lonaconing, Md.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death. filled in by the funeral papers. Peges 1 and vithin 72 ha pau campletely any even remave and attending physician permit. Then please and ar remayal, crematian, signed by the burial-transit Page 4 may be retained by the haspital ar attending physician. State Dept. of Health TO FUNERAL DIRECTOR: After this certificate detached shauld director, page 3

VR A15 (4) 20 M 1/66

George Eichhorn

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after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

DV15526

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07502

PLACE OF DEATH     a. COUNTY	0.0007		a. STATE	b. COU	nstitution: Residence before admission)
/1=	GANY	MARYLAND		RYLAND	ALLEGANY
b. CITY OR TOWN (if outside write RURAL and give ne CUMBERLNAD	corporate limits, arest town)	c. LENGTH OF STAY IN 1		if outside corporate limits, w MBERLADD	rite RURAL and give nearest town)
d. NAME OF HOSPITAL OR IN	STITUTION (if not in h				e. IS RESIDENCE
SACRED BEART			200 SETON	DRIVE	ON A FARM? YES \( \square\) NO \( \square\)
3. NAME OF	First	Middle	Last	4. DATE Mon	th Day Year
DECEASED (Type or print)	FAYE	E.	OLMSTEAD	OF DEATH 6	2 19 67
5. SEX 6. COLOR O	R RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	LIF UNDER 1 YEAR HE UNDER 24 HRS.
FEMALE WHITE	WIDOWED	DIVORCED [	03-24-95	last birthday 72 yrs.	
10a. USUAL OCCUPATION (Give kinduring most of working life, even	d of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (	County & State, or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Wiether)	NDOSIKI	VINLANI	, KABSAS	S.S.A.
13. FATHER'S NAME			14. MOTHER'S MAI		
CHARLES W. WI	LLIAMS		EMMA	( DEAY)	
15. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITYNO.   1	7. INFORMANT	Addr	229
(Yes, no, or unkown) (If yes give wa	r or dates of service)	11-30-6685	HOSPITAL /		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	USED BY: E CAUSE (a)  DUE TO  (b)  DUE TO  (c)	myoc ARDIA	7L +NF	ARCTION	ONSET AND DEATH
PARTII. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI  (IF EITHER, NOTIFY MEDICA	CONDITIONS CONTRIB	JTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERSONDED OR CONTRIBUTING CAUSIC (IF EITHER, NOTIFY MEDICA	YING   20b. OF DEATH L EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury in Part I or Part II	of Item 18.)
20c. TIME OF INJURY Mon Hour a.m. p.m.	th, Day, Year   20d. I While 19   at work	Not While fa	PLACE OF INJURY (Home, ctory, street, office bldg.,		(County) (State)
21. I certify that (I) (t	his hospital) attend	ed the deceased from_	5-26	1967, to 6-2	
saw the deceased alive	on 6-2	19 6 7, and t	hat death occurred at	7_P_M, from the causes	s and on the date stated above.
22a. SIGNATURE	20	0	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	xhich		M.D. PHYS. 22d. ADDRESS 12CN.	Snallwood	CUMBBALAND MO
	. DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
REMOVAL (Specify) Burial 6	/5/67	Deav Cometer	TT	Vinland	Kansas
24. FUNERAL DIRECTOR	7/01	Deay Cemeter	25a. R	EC'D BY REGISTRAR   25b.	REGISTRAR'S SIGNATURE
H. Lee Silcox 4	O4 Decatur	St Cumberlan	d, Md DATOU	N 6 1967 8	Charles Judges

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		o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Resample a. STATE Maryland b. COUNTYAL	legany			
	F	b. CITY OR TOWN (If outside corporate limits, Ruggitz RURALWed & teatons by the F	c. LENGTH OF STAY IN 1b 25 yrs.	c. CITY OR TOWN (If outside carparate limits, write RURAL and Rural Westernport Rout				
00	I	ROUTE OF HOSPITAL OR INSTITUTION (If not i	n hospital, give street address)	d. STREET ADDRESS Route 1 Westernport	e. IS RESIDENCE ON A FARM? YES NO			
1		NAME OF DECEASED (Type or print)  NAME OF Alice First	Virginia	Paugh 4. DATE June 13	Doy Year			
)	S.	Female white	MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1897 Sept 14,1896  9. AGE (In years   IFUN   Sept 14,1896  9. AGE (In years   IFUN   Mont	DER 1 YEAR   IF UNDER 24 HRS. hs Days Hours Min.			
	10a dur	a. USUAL OCCUPATION (Give kind af wark dane ringmost of working life, even if retired)	Own Home	11. BIRTHPLACE (Caunty & State, or fareign country)  Maryland  12. CITIZEN OF WHAT				
	13.	FATHER'S NAME Joseph Taske	r	14. MOTHER'S MAIDEN NAME Mary Bane				
	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af s		informant Address rs Ray Mayhew Route 1, West	ernport			
		18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave )	Carcinoma of the	cervix with metastasis	INTERVAL BETWEEN ONSET AND DEATH YEAR			
		rise to immediate cause (a), stating the underlying couse   DUE TO		s-self auxturantial				
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Part I or Port II af item 1B.)				
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	(Caunty) (Stote)			
		saw the deceased alive an	tal) attended the deceased fram_	at death accurred at, ta, fram causes and a	19, that (I) (we) last in the date stated abave.			
		22a. SIGNATURE	laggers M	A.D. ATTENDING MED. STAFF DIRECTOR PHYS.	DATE SIGNED  6. DATE SIGNED			
1			taggers, M.D.	22d. ADDRESS Keyser, W.Va.	, (			
0	230	o. BURIAL, CREMATION, 23b. DATE THERE June 16	,1967 Philos Cem.	Westernport	(County) (Stote)			
4	24	4. FUNERAL DIRECTOR	Westernport, Md.	23d AT D BY SEGISTAN 22 CEGISTRAN	RIS SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the control director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages Stadd shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in arty exect, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

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07528	CERTIFICATE	OF DEATH	UT	0U4
1. PLACE OF DEATH ALLEGANY a. CDUNTY	MARYLAND		rere deceosed lived, if institution: Residence b. CDUNTY AL	nce before odmissian)
CUMBERLAND	C. LENGTH OF STAY IN 16	CUMI	ide corporote limits, write RURAL ond gi BERLAND	01.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given MEMORIAL HOSPITAL		d. STREET ADDRESS	UTAH AVENUE	e. IS RESIDENCE DN A FARM? YES ND
3. NAME OF DECEASED (Type or print) CHARLES		EIFFER	4. DATE Month OF JUNE	Doy Year 5 1967
S. SEX 6. CDLDR DR RACE 7. MARRIED WIDDWED D	DIVDRCED	9-13-77	9. AGE (In years lost birthdoy) Months	Doys Haurs Min.
10a. USUAL DCCUPATION (Give kind af wark dane during most af warking life, eyen if retired)  Celanese (Ret)  10b. KIND INDU	D DF BUSINESS DR ISTRY ile	11. BIRTHPLACE (County &		OUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CHRISTOPHER PFEIFFER		CHRISTIN	NA WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war ar dotes of service) No		MORIAL HOS	SPITAL, CUMBERL	AND, MD.
18. CAUSE OF DEATH (Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	), (b), and (c).) Are	umia		ONSET AND DEATH
Canditions, if ony, which gove nise to immediate couse (a),	Injocardi	tocde	en no ensalen	Bonon.
stoting the underlying couse   DUE TO   lost.   (c)	Witer	oselero	113	10410
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE COND	ITIDN GIVEN IN PART 1(0)	19. WAS AUTD PSY PERFORMED? YES ND
20a. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CITY CONTRIBUTING  DR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Manth, Doy, Yeor Hour o.m.  While	RIBE HDW INJURY DCCURRED. (E	enter nature of injury in Po	rt I ar Port II af item 18.)	
20c. TIME DF INJURY Manth, Doy, Yeor Hour o.m. 29d. INJU While of wark [	Nat While foctor	OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City ar town) (C	ounty) (Stote)
21. I certify that (I) (this haspital) attende saw the deceased alive an	d the deceosed from	death accurred ot_	3: INP from couses and on	
220. SIGNATURE	wreth M.D.	PHYS. DI	ED. STAFF RECTOR PHYS.	DATE SIGNED MIC, 1967
22c. PHYSICIAN'S NAME (Type) DR. CLAY E. D	URRETT	22 CUMBE RLA	AND, MD	/
23a. BURIAL, CREMATIDN, REMOVAL (Specify) Burial 6/8/67	23c. NAME OF CEMETERY DR CI		23d. LOCATION (City or Town) Palo Alto Penna	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS ADDRESS	2Sa. REC'D E	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Philip B. Wendt 121 Mem. Av	e., Cumb., Md.	DATEJUN	9 1967 gchan	les Judges

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. er death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pageshould be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in agy evert, within 72 haurs

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filed in by the funerate director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages a gas 2 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages a gas 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	
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-	07529		CERTIFICATE	OF DEATH		07505
	PLACE OF DEATH  a. COUNTY AL	LEGANY	MARYLAND		There deceosed lived, if institute the Name of the Nam	tion: Residence before admission) NTY ALLEGANY
	write RURAL ond	If outside corporate limits, digive nearest town)	c. LENGTH OF STAY IN 16 8 DAYS	CUME	iside corporote limits, write RU BERLAND	01.1
	d. NAME OF HOSPITA MEMOR	AL OR INSTITUTION (If not in hos	pitol, give street address)	d. STREET ADDRESS 241 VA	ALLEY ST.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	GRACE First	Middle MAY	PLUMMER	4. DATE OF JUNE DEATH	19
	FEMALE	6. COLOR OR RACE 7. MAR WIDO	OWED X DIVORCED	XXXXXXXXXXXX	7 113.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.
duri	most of working		IOB. KIND OF BUSINESS OR INDUSTRY OWN Home		State, or foreign country) WEST VIRGI	NIA COUNTRY'S. A.
13.	FATHER'S NAME  JO	HN MANUELS		CHARLOTTE	EKLINE	
(Ye		R IN U.S. ARMED FORCES? (If yes give war or dotes of service		INFORMANT MEMORIAL HO	OSPITAL, CU	MBERLAND, MD.
		EATH (Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	no for (a), (b), and (c).)		1,	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if ony, rise ta immediat stating the under last.	e cause (a),	Mente My	vendial	Aprelia	n 8 days
TION	PART H. OTHER SI	GNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO TH
CERTIFICA			Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I ar Port II af item 1B.)	
MEDICAL	20c. TIME OF INJU Hour o.r p.r	n.		CE OF INJURY (Home, farm, lory, street, affice bldg., etc.)	7 /	(County) (State)
		fy that (I) (this hospital) eccased alive on	attended the deceosed from	t deoth occurred of	98:050 from courses	$\frac{-1}{10}$ , $\frac{19}{10}$ ) that (I) (we) lost ond on the dote stoted obove
	220 SIGNATURE  22c. PHYSICIAN'S NAME (Type	DR. WYAND	F. DOERNER JR	D. PHYS.	MED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED 6-29-67
230	BURIAL, CREMATIC	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR Rose Hill C		23d. LOCATION (City or To	
24	I FUNERAL DIRECTO	Scarpli, C	umberland, Md.			REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

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# MADVIAND STATE DEPARTMENT OF HEALTH

MAKITAND STATE DELAKTMENT OF HEALTH									
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201								

	0753	30	MEDICAL EXAM	INER'S	CERTIFICATE C	F DEATH	07506
1	o. COUNTY	Allegany	M	ARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where deceosed lived, if institution b. COU	tion: Residence before odmission) INTY Allegany
	write RURAL o	(If outside corporate limi and give nearest town)	ts, c. LENGTH OF STA		utside corporote limits, write RU erland	JRAL ond give neorest town)	
		PITAL OR INSTITUTION (If no oute #6	not in hospitol, give street oddress)	d. STREET ADDRESS  Route	e. IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print)	Zel	irst Middle ma Mae	P	lost s imer	4. DATE Mon OF DEATH June	20th, 1967 <sub>9</sub>
11.	. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARR WIDOWED DIVOR		DATE OF BIRTH	9. AGE (In years last birthdoy) 38 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
1	uring most of working	ON (Give kind of work done on glife, even if refired)	1Db. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Stote Keyser,	. ,,	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	darrold R.	Harrison		14. MOTHER'S MAIDEN  De Li	name a Roberts	
	S. WAS DECEASED E Yes, no, or unknown	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes	? 16. SOCIAL SECURITY NO of service)	. 17. 11	FORMANT AND LA	Addr 2. Najm 0	ess RF #6
	18. CAUSE OF	DEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line far (a), (b), and (c).)	CORON	ARY OCCLU	SION , RIGHT	INTERVAL BETWEEN
Conditions, if ony, which gove isse to immediate couse (a),							
	stoting the und	derlying couse	E TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOP PERFORMED YES XX N  2Do. EXTERNAL CAUSE WAS PRIMARY OF ORTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH							
CEDTIEN	2Do. EXTERNAL PRIMARY ☐ or ( CAUSE OF DEATH	ONTRIBUTING 🔲	2Db. DESCRIBE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port I or Part II of item 1B.)	
MEDICAL	2Dc. TIME OF IN	JURY Month, Doy, Yeor o.m. p.m. 19	2Dd. INJURY OCCURRED While Not While of work		E OF INJURY (Home, farm ry, street, office bldg., etc.		(County) (State)
			ge af the remains described ral causes 🗶 , Accident [		d an Autapsy 🏋 de □, Hamicide		uiry $oldsymbol{X}$ , and in my apinion nanner $oldsymbol{\Box}$
	ACTUAL SIGNATURE	Benedi	ct Skitare	, ) ,	CHIEF MEDICAL	DICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type)		SKITARELIC, M		Address (Stree	t, city, town, or coun <b>g)////B</b>	ne 20, <mark>196</mark> 7 ERLAND, MARYLAND
1	30. BURIAL, (REMA REMOVAL (Spec Buria	June	23,1967,Rest L		emo. Garde		, , , , , , , , , , , , , , , , , , , ,
	24. FUNERAL DIREC		Tuck Keyser,	W. Va.	DATE J		Charles Judge

VR A15ME (5 6M 1/66

FOR STATE HEALTH DEP

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Exercises.

TO DEPUTY MERCAL EXAMINER: This certificate should be executed within 24 hours after death. If

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2129507 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	07531					
IEALTH, DEPT.	1. PLACE OF DEATH					

deloy

PM3.

in Item 18. Give Poges along with

Examiner's

Medical

Chief /

icate,

AL EXAMINER:

DEPUTY

4 should

the funerol director.

This certificate should be executed within

F DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) a CUMBERLAND CUMBERLAND LIFE 450 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS hours MEMORIAL HOSPITAL Stote NONE 3. NAME OF First Middle 4. DATE Last DECEASED OF HARDING within RICHARDSON JUNE (Type ar print) DEATH with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED last birthday) DIVORCED event MALE NE GRO ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY ony HANDYMAN poges in ony MARYLAND

14. MOTHER'S MAIDEN NAME VARIOUS 13. FATHER'S NAME UNKNOWN UNKROWN File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, ar unknown) (If yes give war or dates of service) UNKNOWN KIGHT FUNERAL HOME 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY Brain Abscesses 0 IMMEDIATE CAUSE (a) cremotion, c DUE TO Septicemia Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse 0 Lung Abscesses (Colon Bacillus) last. burial, nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 pe prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) ploods PRIMARY C or CONTRIBUTING C CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) Hour a.m. factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge at work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection T Inquiry X deoth resulted from: Notural couses XX Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 5 moy be TO FUNERAL Health or DEPUTY MEDICAL EXAMINER June 8, 1967 **EXAMINER'S** Benedict Skitarelic. M.D. Address (Street, city, town, or couffumberland. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) ALLEGANY COUNTY CEMETERY BURTAT JUNE 10.1967 CUMBERTAND 24. FUNERAL DIRECTOR

VR A15ME (5) 6M 1/66

BYRON KIGHT

ADDRESS CUMBERLAND, MD. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

ALLEGANY

IF UNDER

1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

USA

CUMBERLAND

(County)

e. IS RESIDENCE

ON A FARM?

YES NO X

IF UNDER 24 HRS

Haurs

PERFORMED?
YES NO

ond in my opinion

22. DATE SIGNED

(Stote)

(State)

Tack , Pomit. Mushing the con-Equality Skinson 10, 14.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE TO MARKE AND CERTIFICATE OF DEATH

UAJOR											
1. PLACE OF DEATH	H	2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission)									
a. COURT	Allega	Maryland Allegany									
	if outsida corporate limits		c. LENGTH OF STAY IN 1			y Lattu	limits, write	RURAL and	give n	nearest to	(n)
	giva nearast town)			7.7.						-1	
Western	TAL OR INSTITUTION (if	not in hospit	tal give straet addrass)	d. STREET A	DDRESS	aport				l a IS R	ESIDENCE
0.1000	1.0		iai, give sileer dearcas,	a. street	1 0						A FARM?
	148 Wood	St.			148 W	ood St	reet			YES	NO [
3. NAME OF DECEASED	First		Middla	Last	4.	DATE	Month		Day	Yaa	F.
(Type or print)	Georg	e	H F	Robertson	1	DEATH	June		3	19	67
5. SEX	14 50100 00 0100		NEVER MARRIED	B. DATE OF BIRTH			E (In years	IF UNDER 1		IF UNDER	
Male	White	WIDOWED		Mars 77	7000		birthday)	Months	Days	Hours	Min.
	TON (Give kind of work		ID OF BUSINESS OR INDU	May 17	CE (County 8	State, or foreign	3	12, CIT	ZEN O	F WHAT	COUNTRY?
done during most of wa	orking lifa, avan if ratirad										
Barber  13. FATHER'S NAME		1		14. MOTHER'S	Legan	Vie .			U.S	. A	
IO. IAIIEN JINME				14. MOTHER 3	MAIDEIN NA	1116					
Georg	e Roberts	on		l l	laude	Wilson	2				
	ER IN U.S. ARMED FORCE		OCIAL SECURITY NO. 17	. INFORMANT			Address				
			-30-5836 N	Irs. Geor	PA R	herte	on Ma	stan	nno	nt	MA
18. CAUSE OF I	DEATH [Entar only ona	causa par lin	a for (a), (b), and (c).)	10. 0601	80 111	DOT OP	ATT M.C	15 CCT.	11 41	ERVAL SE	TWEEN
PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cotonory Embelus						2	A A	1/1		
4/201		V	Unorg -	13010					-	110	-
	Conditions, if any, which (b) Ceronary Artery 1) sease								5 Horns		
Conditions, if any	1-/	Cor	may ITT	279 1115	6926				3/2013		
(a), stating tha u	DITE TO		<i>y</i>								
causa last.	) (c)_										
Z PART II. OTHER	R SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE CON	DITION GIV	EN IN PART	1(a) 1	9. WAS	AUTOPSY ORMED?
PART II. OTHER									1	YES T	NO N
20a. ACCIDENT W	AS UNDERLYING	20b. DESCI	RIBE HOW INJURY OCCU	RED. (Entar natura of	injury in Part	I or Part II of its	am 18.)				
OR CONTRIBUTING	MEDICAL EXAMINER										
		. 120d IN	JURY OCCURRED   20e. I	PLACE OF INJURY (H	oma farm	20f. (City or to	owa)	(Cou	ntv)		(Stata)
20c. TIME OF INJU	Monin, Day, Taa	Whila		factory, straat, offica		Tols (City of it	,	(000)	,,		(siera)
p.m.	19	at work									
21. I certify	that (I) (this hospita	al) attende	ed the deceased fro	m May	3.1 191	6.7. to	MR.	3., 196	2.7. tl	hat (I)	(we) las
	-	une:	3 1967 and th	nat death occure	ed at 9 40	M, from the	causes	and on t	he da	ate state	d above
22a. SIGNATURE	V	,	- 10.0		1						b. DATE
	D. 01	Dan	il m	M.D. PHYS.			TAFF		Ti	1101	SIGNED
22c. PHYSICIAN'S	Janua		280,	22d. ADDR					V	116	170
NAME (Typa	1	.Wils	on M.D.	Ashf	rield	St. P	iedmo	nt,	WV	72.	
											Stata)
23a. BURIAL, CREMAT	1		23c. NAME OF CEMETER			23d. LOCATION			7	(2	ла(а)
burial	June7,	170/	Philos Cem	etery	Į V	Vester			a.		
24 FUNERAL DIRECTO	44	THE DE	ADDRESS		25a. REC'D	BY REGISTRAR		SISTRAR'S	- 63		
MAItack	lesk VN	Pied	lmont, W.Va	l.	DATE IN	7 1967	1 gc	lance	of to	roge	•
WHAN I JOHN					ATT I				-11		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 he death. Page the retained by the hospital or attending physician.

TO FUNERAL AECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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Male White or

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E.S.A. 3.8

THO WAS

George Hobertson Plande Milson

220-30-3036 jus. George Robertson Vesteraport, 18

Payl W. W. Jnombell . JE bleffme4 . G.M nosfill freq

April Juney, 1969 Hilles Demetery Vesternoort , M. . .

Will full to Predmont, W. Va.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ALLEGANY

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

e IS RESIDENCE ON A FARM?

USA

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO

(State)

(State)

(County)

22b. DATE SIGNED

(County)

YES NO DE

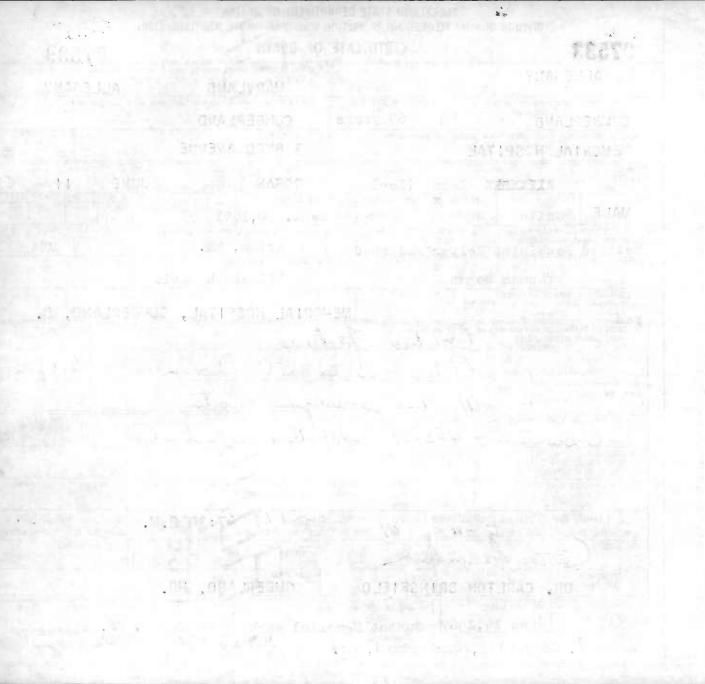
Year

CERTIFICATE OF DEATH 07533 death. and 1. PLACE OF DEATH LEGANY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY MARYI AND haurs after MARYLAND Pages c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 65 years CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 3 BYRD AVENUE MEMORIAL HOSPITAL 50 3. NAME OF Middle 4 DATE carban First Month completely DECEASED (Lee) ROGAN JUNE Leon dny event, (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED regrave last birthdoy) White Sept. 30,1891 WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) physician a INDUSTRY oug Barton, Md. Retired Machinist Helper Railroad 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, attending pny-Thomas Rogan Elizabeth Davis 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service MEMORIAL HOSPITAL. CUMBERLAND. MD. crematian, T8. CAUSE OF DEATH (Enter only ane cause per live to) (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the burial-transit DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED GIVEN IN PART 1(a) d 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) Nat While factory, street, affice bldg., etc.) at work 1967 M, from causes and an the date stoted above. 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death accurred at. saw the deceased alive an 6 -11 22a SIGNATURE aucton DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS DR. CARLTON BRYNSFIELD CUMBERLAND. MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) Burial (Specify) Cumberland, Md. Sunset Mamorial Park 24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

The law requires that the death certificate be executed within 24 haurs **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) LaVale Cumberland 30 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS (40 Minutes Memorial Hospital 14 Roselawn Ave. 3. NAME OF 4. DATE to the DECEASED the (Type or print) Elizabeth M. Rorick DEATH June Pages 1, 2, and 3 to 'M3. Page 5 may be pages 1 and 2 with 1 event within 72 ho 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthdey) Female WIDOWED [ DIVORCED Sept. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Moorfield, W.Va. Housewife Home pages Office along with form PM3. burial-transit permit. File page: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Coby Elise Riggleman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT in pencil in Item 18. (Yes, or unkown) | (If yes give we ror detes of service) and 14 Roselawn, Ave. John J. Rorick 18/ CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY Occlusi on Coronary IMMEDIATE CAUSE (e) DUE TO Sclerosis Conditions, if any, which Coronary Ø geve rise to immediate cause pending Examiner's DUE TO 95 (e), stating the underlying nsed causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION Word 99 writing the word e Chief Medical E Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. the C. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) While Not While fectory, street, office bldg., atc.) at work at work to th rded to t 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🟋 Inquiry X death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE please exert should by FONER! DEPUTY MEDICAL EXAMINER Benedict Skitarelic, M.D. Address (Street, city, town, or countCumberland, NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) St. Mary's Cemetery Burial Cumberland, Maryland 24a. REC'D BY REGISTRAR I

VR A15ME

e. IS RESIDENCE ON A FARM?

YES NO X

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

and in my opinion

DATE SIGNED

1967

Maryland

Hours

IF UNDER 24 HRS.

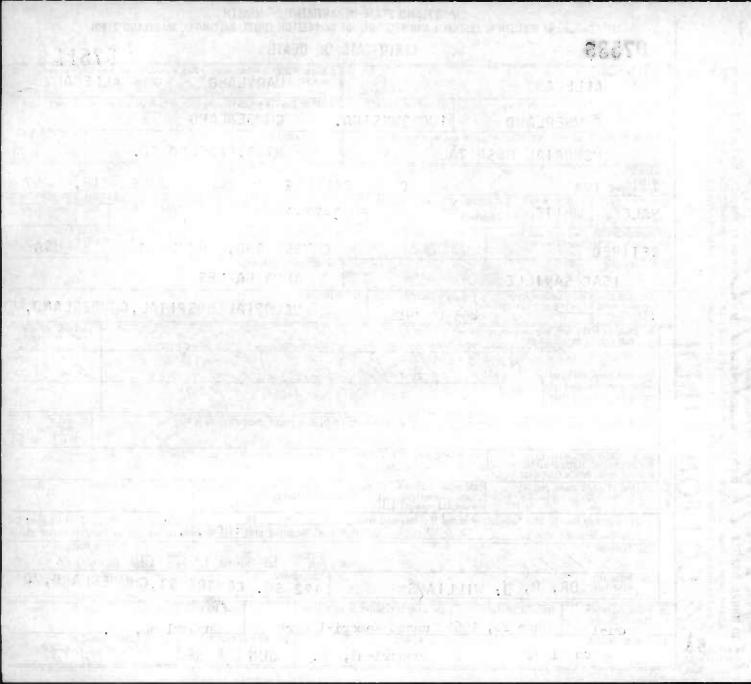
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USA

67

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07535 CERTIFICATE OF DEATH executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. STATE MARYIAND b. COUNTY ALLEGANY funeral 1. PLACE OF DEATH O. STATE MARYI AND a. COUNTY ALLEGANY MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, CUMBERLAND 1MO 3WKS1DA e. IS RESIDENCE ON A FARM? YES NO completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS hin 72 RT#3, BEDFORD 50 MEMORIAL HOSPITAL n any event, with NAME OF First Middle Lost 4 DATE Month Year DECEASED 18. 19 67 JUNE SAVILLE (Type or print) IRA DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED Y **NEVER MARRIED** 3-22-1889 last prindoy) WHITE Hours MALE WIDOWED in any gud 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) CHOUSTRY Y COUNTRY? physician ( USA CUMBERLAND. MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, ANNA BARNES ISAC SAVILLE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknawn) (If yes give war ar dates af service) MEMORIAL HOSPITAL. CUMBERLAND, MD 18 491 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause perdine for (a), (b), and (c). signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o physician. DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying cause be retained by the haspital ar attending as the has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health p NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of jtem 18.) 20o. ACCIDENT WAS UNDERLYING [ d. OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 4: saw the deceased alive an\_\_\_\_ And from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. , page 3 be filed CENTRE ST, CUMBERLAND, MD 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S DR. R, NAME (Type) WILLIAMS SO. directar should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) June 20. 1967 Sunset Memorial Park Cumberland, Md Burial 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE UN 23 Byron Kight Cumberland, Md.

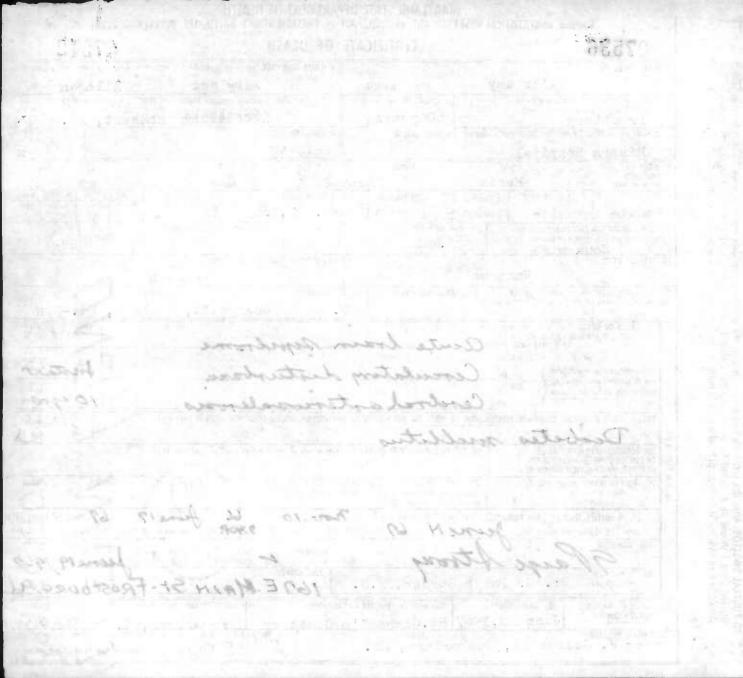


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0753	6		CERTIF	ICATE	OF DEATH			075	12.
PLACE OF DEATH     a. COUNTY	Allegan	У	MARY	LAND	2. USUAL RESIDENCE (W a. STATE	there deceosed lived, aryland	if institution b. COUNTY		
b. CITY OR TOWN write RURAL of Frost	(If outside corporate limits, nd give nearest town) burg		LENGTH OF STAY II		c. CITY OR TOWN (If out	side corporote limits,			rest town)
	ITAL OR INSTITUTION (If not in S Hospital	hospitol, give s	treet oddress)		d. STREET ADDRESS  Box 46				e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	First Mar	ie	Middle	Scar	lost	4. DATE OF DEATH	Month		oy Year 7 19 6 7
S. SEX Female	6. COLOR OR RACE 7	MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	9. AGE (Ir	· · · · · · ·	IF UNDER 1 YEAR	IF UNDER 24 HE
during most of working	ON (Give kind of work done	10b. KIND O	F BUSINESS OR		11. BIRTHPLACE (County I			12. CITIZEN COUNTRY	OF WHAT
13. FATHER'S NAME	Unkn	own			14. MOTHER'S MAIDEN N	AME Unki	nown	1	
15. WAS DECEASED FI (Yes, no, or unknown	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIA	L SECURITY NO.		· James Sc		Address		dSon
PART I. DE		per line for (o), (		ais	Autur	bone			NTERVAL BETWEEN ONSET AND DEATH
rise to immedia	derlying couse (c) DUE TO	Cere	brel	-	teriore	ejosis		1	oys.
200. ACCIDENT W	SIGNIFICANT CONDITIONS CONT AS UNDERLYING  G  G  CAUSE OF DEATH	mel	litus		HE TERMINAL DISEASE CON Enter noture of injury in F				9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF IN	Y MEDICAL EXAMINER) JURY Month, Day, Yeor	20d. INJURY While of work	OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)	20f. (City or	town)	(County)	(Stote
21. I cer	tify that (I) (this haspit	al) attended	the deceased	fram_2	death occurred at	9 66, ta fe	causes ar	, 19 <b>67</b> ,	that (I) (we)
22c. PHYSICIAN NAME (TYP	Paige.	Atro	rong, M	M.C	ATTENDING PHYS. 22d. ADDRESS	MED. ST	AFF IYS.	22h DATE SI	GNED
230. BURIAL, CREMAT	June 20	,1967 S	t.Micha	el's	REMATORY Cemetery	23d. LOCATION (	City or Town	(Coun	ity) (Stote) Legany
24. FUNERAL DIRECT	Scarpelli,	Cumber	ADDRESS land, Mo	d.	250 REC'D	BY REGISTRAR 2 2 1967	2Sb. REGIS	STRAR'S SIGNAT	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tarbed director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Fand 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07537

07513

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		PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceosed lived, i		ence before odmission)
	(	O. COUNTY	GANY		MARYL	AND	O. STATE MARY	LAND	b. COUNTY	ALLEGANY
	ŀ	b. CITY OR TOWN (I	f outside carporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If out	side corporote limits,	write RURAL ond gi	ive neorest town)
-		write RURAL GIVE	ERLAND"		79 DA'	1S	CUMB	ERLAND,	MD.	7/./
	-	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol, g	give street address)		d. STREET ADDRESS			e. IS RESIDENCE
50			ORIAL HOSPI	ral			516 LOWE	LL AVENU	E	ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print)	First RO	Υ	Middle T		SHAFFER	4. DATE OF DEATH	JUNE	7 19 67
-		MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		11-15-89	9. AGE (In lost bird		R 1 YEAR   IF UNDER 24 HRS.   Doys Hours Min.
	10o. duri	. USUAL OCCUPATION ing most of working CARMAN	(Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY RATLROAD		PENNA.	Stote, or foreign count		COUNTRY? U.S.A.
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N			
		WILLIA	M SHAFFER				ELLIA	SHIPLEY		
	1S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. S	SOCIAL SECURITY NO.	17.	FORMANT		Address	
	(16.	NO	(ii yes give wor or dores or	70	5 10 8384	ME	MORIAL HO	SPITAL	CUMBER	RLAND, MD.
		18. CAUSE OF DE	ATH (Enter only one couse	per line for	(o), (b), ond (c).)					INTERVAL BETWEEN
		PAKI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (d	PAL I	ASTATIC C	ARC	INOMA-GENE	RALIZED		OWE MROSATH
		177X	DUE TO		OCTATE					
		Conditions, if ony, rise to immediat	a couse (a)	/	OSTATE					
		stoting the under	lying couse							
		last.	) ((			CO TO T				Lio Was AUTORSY
2	80		CONFICANT CONDITIONS COL						1(0)	19. WAS AUTOPSY PERFORMED?
	S		TERIOSCLER						101	YES NO X
	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in P	off I or Port II of iten	1 IB.)	
	MEDICAL		IRY Month, Doy, Yeor	While	- Not While -		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or	town) (C	ounty) (Stote)
		p.n		ot work	k l ol work l		060	1111	15 10	/3 AL + (1) (24 ) L
		saw the de	ty that (I) (this haspi eceased alive on J	ME 7	19 <u>.6.7</u> , ar	am nd that	death accurred at	35P M, fram	auses and an	6.7 , that (I) (Xe) la the date stated above
	×.	22o. SIGNATURE	SHIR.	5	4h	M.D	ATTENDING TAKE	MED. STA	FF	-8-67
,		22c. PHYSICIAN'S NAME (Type)	DR. G. OV	ERION	HIMMELW		1 224 ADDRESS	AVENUE,		
7	230.	BURIAL, CREMATIC	N, 23b. DATE THER	egt.	23c. NAME OF CEMET	ERY OR (	REMATORY .	23d. LOCATION (C	ity or Town)	(County) (Stote)
1		REMOVAL (Specify BURIAL	JUNE 10	, 1967		EMOR			ERLAND,	
N	24.	. FUNERAL DIRECTO BY	RON KIGHT		ADDRESS CUMBERL AN	), M	DATE DATE	N 1 2 1967	25b. HOURAR'S	SIGNATURE MAGE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fungfol director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 tradits offer geat Page 4 may be retained by the hospital or oftending physicion.

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VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07538

### CEPTIFICATE OF DEATH

07514

NA	1		01000			CLKIII	ITCAIL	OI DEATH			0.4	DIA	
e da de	V(0)	1.	PLACE OF DEATH					2. USUAL RESIDENCE	Where decease	d lived, if institu	tian: Residence	before ac	lmissian)
a a			o. COUNTY	LEGANY	5	MAI	RYLAND	a. STATE	VIRGIN	LIA b. COU	NTY		/
by the funera Pages 1 and aurs after dead				If outside carparate limit		c. LENGTH OF STAY		c. CITY OR TOWN (If o			IPAL and aive	negrest to	wnl
dages rrs afte			write RURAL and	give nearest tawn)	-,			,			ikine dira gira	11001031 10	,
by hat			L NAME OF HOSPIT	MBERLAND AL OR INSTITUTION (If no	a to be obtained a	1 DAY			LEY, V	V.VA.		1 . 10	RESIDENCE
d in pers. 72 h	50							d. STREET ADDRESS 163 MA	IN CT			0	N A FARM?
filled in by the papers. Pag				MORIAL HO				103 MA		•		YES	□ NO X
on with			NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Man		Day	Year
W			Type or print)	MAR		Ε		SHEPHERD	DEATH		JNE	6	1967
ve car event,		S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HR
remave	1	LF	EMALE	WHITE	WIDOWED	DIVORC	ED 🔲	7-15-84		82 yrs.		10	Will.
E ale	1	100	USUAL OCCUPATION	(Give kind of work done	10b. KI	IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fare	ign country)		ZEN OF WE	TAF
le se and i		duti	ng most of working HOUSEW	VIFE	IN	OWNNHOME		W. VIRG	INIA		(00	NIKT!	U.S.A
ysicion pleos		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
anding phy nit. Then ar remava			DANIE	L STIENBA	UGH		6400	CHRIST	IAN DY	CHE			
ling				R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess		T made
mit ar		(Ye	s, na, or unknown) NO	(If yes give wor or dates o	of service)	NONE	1 M	EMBRIAL H	OSPITA	VI CIII	MBERLA	. ONA	MD.
signed by the attending phy burial-transit permit. Then burial, crematian, ar remava			18. CAUSE OF DE	ATH (Enter anly one cau	ise per lint for		1		001117	12 001	DEILE		AL BETWEEN
the not			PART I. DEAT	TH WAS CAUSED BY:	(2)	se his	2 /	1	1-1				AND DEATH
har			334x	IMMEDIATE CAUSE	. ,	10		and the	reg				7
ial,			Conditions, if ony,	which gove	(b)	Lex.	20,	-0					
sign bur			rise to immediat	e cause (a), (	. ,								
the ta			stating the under	riving cause	(c)								
certificate has been thed far use as the ot. af Health priar ta			PART II. OTHER SIG	GNIFICANT CONDITIONS C	`	TO DEATH BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)		19. WA	S AUTOPSY
e has b use as alth prio	3	TION						THE PERSON OF	NOTITION OFFER	nt rakt t(u)		PER YES [	FORMED?
d far use of Health		CERTIFICATION	20g. ACCIDENT WAS	LINDERI YING	20h DE	SCRIBE HOW INTERY	OCCUPPED	Enter nature of injury in	Part Lar Part	Il of item 18 \		153 [	_ NO [
d fe		ERT	OR CONTRIBUTING	CAUSE OF DEATH		SCRIBE HOW HOOK!	DCCORRED.	Enter harore at injury in	Tull Full Tull	11 01 116-11 10.7			
				MEDICAL EXAMINER)  JRY Manth, Doy, Year	204 1	NJURY OCCURRED	200 PLA	CE OF INJURY (Hame, fare	m 20t	(City ar tawn)	(Caur	ntv)	(Stote)
this cert detached e Dept. a		MEDICAL	Hour a.n	n	While	Nat While at wark		ary, street, office bldg., etc.		- BC	1 000		2201
After this ce be detache State Dept.			p.n		at xvar	k / at wark		3/1/00	10	FENT I	Tier	5	11 19
Id Id				by that (I) (this has	pital) anteni	ged the deceased	and that	death accurred 2	19, ta.	19 6/6	2 , 19 (	_, that	(I) <del>(W</del> e) lo
SECTOR: As 3 should   with the S			220. SIGNATURE	eceasea unive ou	1/1/	19	and mai	death accorred 20	143EM,	udu canses	22b. DA	-	rarea abay
3 s wi			120. SIGNATURE	1/1/1/	1/1		44.6	ATTENDING (	MED.	STAFF	7 6 /	CSIDACI	25
DIR ge		(	22c. PHYSICIAN'S	Jour	1000		M.f.	22d. ADDRESS	DIRECTOR L	□ PHYS. L	7	-	-
Poor be f	1		NAME (Type)	DR. R. J	. WII	LIAMS			CENTE	RE ST.	CUME	FRI	AND. M
TO FUNERAL DIRECTOR: After this director, page 3 shauld be detacted shauld be filed with the State Dey	^	730	BURIAL, CREMATIC			23c. NAME OF CEM	AFTERY OF			ATION (City or To		Caunty)	(State)
Fedirect Share	P		REMOVAL (Specify)					IAL PARK	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, ,	,	caomyj	(sidie)
2	1	24	FUNERAL DIRECTO	B OINT 9		ADDRESS			D BY REGISTRA	MBERLAN R 25b R	EGÍSTRAR'S SIG	NATURE	
A15 (4)	N	14	FUNERAL DIRECTO	RON KIGHT	(	CUMBERLAND	, MD.	101		67 20	liarle	O	100
1101	1							DATE	- 10 10	1	-100	Jank	7

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

SECURE WINE INDICATION OF PROPERTY

CARCELON PLOSTOP STATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	3 shauld be detached far use as the burial-transit permit. Then please remaye/carban papers. Pages A area?	ed with the State Dept. af Health priar to burial, cremation, or removal, and in any eventualthin 72 hours after death.	
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1	07539	CERTIFICATE	OF DEATH		07515				
	PLACE OF DEATH  D. COUNTY		A STATE	here deceosed lived, if institution: Reside					
	ALLEGANY .	MARYLAND		1 = 1110	LEGANY				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
М	write RURAL and give negrest town	32 DAYS	FROST	BURG, MD.	01.1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	MEMORIAL HOSPITAL			. WATER ST.	YES NO 🔼				
	NAME OF DECEASED First TREDERICA (Type or print)		SHOCKEY	4. DATE Month OF JUNE	25 19 67				
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B	B. DATE OF BIRTH	9. AGE (In yeors IF UNDE) lost pirthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Dovs Hours Min.				
1	MALE WHITE WIDOWED	DIVORCED	8-22-00	66 yrs.	l boys min.				
10o		ND OF BUSINESS OR DUSTRY OPERATOR			ITIZEN OF WHAT OUNTRY?				
		ERN OPERATOR	PENNA.		U.S.A.				
	FATHER'S NAME		14. MOTHER'S MAIDEN N.						
	HERMAN SHOCKEY			WARNER	CKER LULL				
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. II	NFORMANT MEMORIAL H	Address  OSPITAL CUMBER	RLAND, MD.				
NOL	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Escenania.	tronsite	DITION GIVEN IN PART I(0)	INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO \( \text{NO} \)				
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUPRED.							
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. While p.m. 19	Not While factor	E OF INJURY (Home, form, ory, street, office bldg., etc.)		ounty) (Stote)				
	21. I certify that (I) (this haspital) attentions as the deceased alive an	ded the deceased fram	death accurred by	:35 AM, from causes and on	the dote, stoted obove DATE SIGNED				
	220. SIGNATURE W. Hemse	le M.	). PHYS.	MED. STAFF DIRECTOR PHYS.	127/67.				
		IMMLER	22d. ADDRESS CUMBER	RLAND, MD.					
23c	DEFINITION 23b. DATE THEREOF JUNE 28, 196"	23c. NAME OF CEMETERY OR ON WHITE OAK CE			(County) (Stote)				
24	JOSEPH R. DURST, SR., F	ADDRESS	250 REC'D	BY REGISTRAR 25h ATEISTRAR					

VR A15 (4) , 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07540 CERTIFICATE OF DEATH 07516 be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 1WK. 1DAY OLDTOWN CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL OLDTOWN. YES NO Y carban i × 3. NAME OF First 4. DATE Year LORENA DECEASED A. JUNE 1967 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years remave lost birthdoy) Hours FEMALE WHITE 1895 and in any March DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during meet of working life, even if retired) OWN ROME COUNTRY? USA The law requires that the death certificate OLDTOWN, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. attending phys CHARLES TWIGG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address D MEMORIAL HOSPITAL, CUMBERLAND, MD. None crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) þ by the haspital or attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY letached far use Dept. af Health p PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INSURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Hour 'o.m. factory, street, office bldg., etc.) Nat While ot work 21. I certify that (I) (this hospital) attended the deceased fram 3, 22, 19 be retained saw the deceased alive on\_\_\_\_\_ 220. SIGNATURE -22b. DATE SIGNED DIRECTOR Leanes M.D. PHYS. PHYS. director, page, shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) DR. WM. F. WILLIAMS 122 S. CENTRE ST. CUMBERLAND, MD. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Davis Memorial Burial Cemetery Cumberland Md. ADDRESS 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) Cumberland . Md . Funeral Home 25M 1/67

COSCO CULSELAND INF. LOAY MEMORIAL HOSPITALES A TRACT OD INT. PERAGO TELEPHONE HOTEL MISSESSES 

UR. WH. ST. MILLIAMS . 122 S. CENTRE ST. COMBERGANC, MC

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### CERTIFICATE OF DEATH

07517

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE MARYLAND b. COUNTY AL	LEGANY
c. CITY OR TOWN (If outside carparate limits, write RURAL and give	neorest town)
d. STREET ADDRESS 21 CRESAP DR., BOWLING GRE	e. IS RESIDENCE ON A FARM? YES NO
Last 4. DATE Month OF ILINE	Day Year 21 19 67
8. DATE OF BIRTH 9. AGE (In years IF UNDER )	
11. BIRTHPLACE (County & Stote, or fareign country) 12. CIT	IZEN OF WHAT UNTRY?
MONONGAHELA CITY, PA.	USA
FLORENCE ANN WESTWOOD	
MEMORIAL HOSPITAL, CUMBERLA	
Lanchins	INTERVAL BETWEEN ONSEL AND DEATH
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notic (monony artery discon	e 6 mos
91 - 00	19. WAS AUTOPSY PERFORMED? YES NO
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that death accurred at 2:55 M, from causes and on the	7, that (I) (we) last ne date stated obove
M.D. PHYS. DIRECTOR DIRECTOR PHYS.	ATE SIGNED
122 SOUTH CENTRE STREE	
	(County) (Stote)
25a. REGISTRAP 6 25b. REGISTRAP'S SI	
	a. STATE MARYLAND b. COUNTY AL  c. CITY OR TOWN (If outside carparate limits, write RURAL and give  CUMBERLAND  d. STREET ADDRESS  21 CRESAP DR., BOWLING GR  SMITH  SMITH  JUNE  8. DATE OF BIRTH  12-01-1907  11. BIRTHPLACE (County & Stote, or fareign country)  MONONGAHELA CITY, PA.  14. MOTHER'S MAIDEN NAME  FLORENCE ANN WESTWOOD  17. INFORMANT  MEMORIAL HOSPITAL, CUMBERL  COUNTY AND ADDRESS  TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)  COUNTY ALL  PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.)  PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.)  TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)  COUNTY ALL  COUNTY ALL  COUNTY ALL  COUNTY ALL  COUNTY AND COUNTY (County & STAFF PHYS.)  PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.)  TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)  COUNTY ALL  COUNTY ALL  COUNTY ALL  COUNTY ALL  COUNTY AND COUNTY (County & STAFF PHYS.)  ATTENDING MED.  COUNTY ALL  COUNTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death completely filled in by the function on papers. Pages 1 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye earban should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, yith Page 4 may be retained by the haspital or attending physician

VR A15 (4) 20 M 1/66

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S. March Charles Carbon Carbon L. Ref.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07542

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07518

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TH DEPT.		PLACE OF DEATH					2. USUAL RESIDENCE	,				
Poge ent		a. COUNTY	Allegany		MARY	/LAND	o. STATE Ma	ryland	b. (0	UNTY A	llegan	y:
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Department (		write RURAL on	d give neorest town)				Cumbe					
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1	5.	Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		8. DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER		INDER 24 HRS
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× ×		18. CAUSE OF D	PEATH (Enter only one co TH WAS CAUSED BY:	use per line for		mali.	200111	T 21.				L BETWEEN
veni			IMMEDIATE CAUSE	(o)	CC	RONA	RY OCCLUS	ION			Suvi	PE PEATH
burda-iransir permir. Ne pages Tanaz v n any event within 72 hours after death		11201		E TO		MANU	101/ 00150	0070				
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		stating the unde		E TO								
and		last.	,	(c)							10 11/16	AUTODOV
remaval,	NO	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	AIED TO	THE TERMINAL DISEASE	CONDITION GIV	EN IN PART I(0)			AUTOPSY FORMED?
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ta burial, crema		deoth resul	ted from: Notur	ol couses	(), Accident	, Suic	ide 🔲, Homici		ndetermined	monner _	11071	17
Health prior ta b		ACTUAL /	2	- 81	-	1,		CAL EXAMINER			6/27/	67 Date Signet
0		SIGNATURE	Devedica	N7	Tarelu		M.D. ASSISTANT I	MEDICAL EXAMII	17.	t. # 9	22. 0	AIL SIGNE
Health prior		EXAMINER'S	Benedict S	hitaral	Pio II D		DEPUTY ME	DICAL EXAMINER	or county) Co		and M	d
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0	24	FLINERAL DIRECTO	OR .		ADDRESS	c cen	250. R	EC'D BY REGIST	mberland RAR 25b.	REGISTRAR'S S	IGNATURE	INICL
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# FOR STATE HEALTH DEPT

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5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the State Department of Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

hours ofter death. If any deloy is tem 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page

necessary, please execute the certificate, writing the word "pending" in place the funerol director. Page 4 should be forwarded to the Chief Medical Examina TO DEPUTY MEDICAL EXAMINER: This certificate should be executed with VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07543

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07519

	a. COUNTY		100				deceased lived, if instit		efare admission)		
		Allegany		MARYLAN		o. STATE W. Va. b. COUNTY Mineral					
	b. CITY OR TOWN write RURAL or	(If outside carparate limited give nearest town)	rs,	c. LENGTH OF STAY IN 16	- 11		corparate limits, write R	RURAL and give nea	arest town)		
		erland				Ridgele	y	55	7.3		
2		TAL OR INSTITUTION (If n			d. STREET AD				e. IS RESIDENCE ON A FARM?		
		morial Hosp	· (D.O.		16	8 Main			YES NO X		
3	B. NAME OF DECEASED (Type or print)	William	irst 1	Robert Robert	Spangler		DATE MO OF June		Pay Year 19 67		
3	S. SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	8. DATE OF BIR	RTH	9. AGE (In years	IF UNDER 1 YEA			
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d	during mast af warking	N (Give kind of work dane g life, even if retired)		D OF BUSINESS OR SUSTRY	Cu	ACE (State ar fai mberlan	3 ""	12. CITIZEN COUNTR			
	13. FATHER'S NAME	Robert P.	Spanal	er		s maiden name ry Snyd	er				
		ER IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16. So	OCIAL SECURITY NO. 4-07-0005	12			dress Ride Main St	geley, W. Va		
		PEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (	a), (b), and (c).)		ARY OCC			INTERVAL BETWEEN		
	Conditions, if on	y, which gave )	(b)		COI	RONARY	SCLEROSIS		~~~		
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TION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL D	DISEASE CONDITIO	N GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO XX		
Crowner	20a. EXTERNAL C PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature a	f injury in Part I	or Part II af item 18.)				
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	24. FUNERAL DIRECTO		orge C	address cumberland,	Md.	DATE PAGE BY R	4 1967 25b	REGISTRAR'S SIGNA	TURE		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07544 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY h COLINTY ALLEGANY MARYLANO MARYLAND LIFGANY b. CITY OR TOWN (If outside carporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town 1WK. 1DAY. 9H MT. SAVAGE CUMBERLAND d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? MEMORIAL HOSPITAL MT. SAVAGE YES NO Y Middle 4 DATE 3. NAME OF First Lost Month Year Day DECEASED OF OEATH STEVENS JUNE 1967 HOWARD Type or print IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED 5-7-1895 lost biodoy) Hours MALE WHITE DIVORCED WIOOWEO 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? FROSTBURG. MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CATHERINE HAGER GEORGE STEVENS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) ((If yes give wor or dotes of service) HOSPITAL. CUMBERLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (or DUE TO Canditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 2Dg. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, \*Kity or town) (County) 20c, TIME OF INJURY Month, Ooy, Year Hour o.m. foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram and that death occurred at 1 1 5 M, from houses and an the date stated above. sow the deceased alive an. 22g. SIGNATURE 22b. OATE SIGNEO M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) STREET 23a. BURIAL, CREMATION,

DATE THEREO

23c. NAME OF CEMETERY OR CREMATORY ROSTBURG

23d. LOCATION (City or Town)

25g, REC'D BY REGISTRAR

(County) (State)

2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

REMOVAL (Specify)

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	o. COUNTY
	b. CITY OR TOWN write RURAL C
50	d. NAME OF HOSP Men
	3. NAME OF DECEASED (Type or print)
	S. SEX FEMALE
	10o. USUAL OCCUPATION

executed within 24 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

the funeral haurs after death

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this certificate

FUNERAL DIRECTOR: After

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY MARYLAND LLEGANY ALLEGANY MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD. 2 HRS ITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? norial Hosp. 225 BEDFORD ST. First 4. DATE Year TALLMAN JUNE Girl 67 Babu DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months WHITE 6-7-67 WIDOWED DIVORCED ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CUMBERLAND. MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BONN'E \* MALON Bonita Malone JAMES E. TALLMAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service CUMBERL AND. None MEMORIAL HOSPITAL 1B. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPS'
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23c. NAME OF CEMETERY OR CREMATORY

Fort Ashbu Cem.

Page 4 may be retained by the haspital ar attending physician. director, page 3 shauld be actually of Health prior to 9 VR A15 (4) 25M 1/67

Cumberland, Maryland H. Wayne George 7-274762

23b. DATE THEREOF

6/8/67

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Fort Ashbu. Mineral

25b REGISTRAR'S SIGNATURE

(County)

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 301

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This certificate should be executed within 24 hours ofter death

TO DEPUTY MEDICAL EXAMINER:

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 11, if the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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o. COUNTY	ALLEGANY	MARYLAND	a. STATE MAR	YLAND b. coul	ALLEGANY
	(If autside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	
Write RURAL FROS	TBURG	DOA	ECK	HART	11.1
	PITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS		e IS RESIDENCE
	RS HOSPITAL				ON A FARM? YES NO 2
3. NAME OF DECEASED	First MARTE	Middle S. VA	Lost	4. DATE Mon OF DEATH JUNE	
(Type or print) S. SEX			8. DATE OF BIRTH	9. AGE (In years	15, 19 67 I IF UNDER 1 YEAR   IF UNDER 24 HRS
FEMALE	* ********	THE PART OF THE PA	EC. 28, 18	last hirthday)	Months Days Haurs Min.
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat	e ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WO	ng life, even if retired)	OWN HOME	TOR:	INO, ITALY	U.S.A.
13. FATHER'S NAME		The fifth of the second	14. MOTHER'S MAIDEN	NAME	
JOSEF	PH P. SASSONE		MATI	LDA GAVIATI	
		16. SOCIAL SECURITY ND. 17.	INFORMANT	Addr	ess
(res, na, ar unknawr	VER IN U.S ARMED FORCES?  (If yes give war ar dates af service)	213-09-6584-D L	DUIS VALENZ	ANO, ECKHART, 1	MD.
	DEATH (Enter only one cause per I				INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corona	ry Occlusi	on	Sudden DEATH
420	DUE TO				
	ny, which gave ) (b)	Cor	onary Scle	rosis	€ en
rise ta immedi	ate cause (a), (				
stating the un-	deriying cause (c)				
PART II. OTHER		ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ATIO	Diabetes				YES NO
CAUSE OF DEATH	CONTRIBUTING	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
20c. TIME OF II	NJURY Manth, Doy, Year		CE OF INJURY (Hame, far		(County) (State)
W	10	at wark of wark	iary, street, office blug., en		
21. I cert	ify that I taok charge of th	e remains described above, he	eld an Autopsy	, Inspection 🕱, Inq	uiry 🔽 , and in my apinio
			ide , Hamicid	printer.	Printers .
	1	01	CHIEF MEDICA	L EXAMINER	
ACTUAL SIGNATURE	Quedent C	Helora ( )	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
EXAMINER'S				CAL EXAMINER X June	15, 1967
NAME (Type)	BENEDICT SKI	TARELIC, M.D.	Address (Stre	et, city, town, ar caun <b>Gumbe</b>	
23a. BURIAL, CREMA		23c. NAME OF CEMETERY DR		23d. LDCATION (City or To	wn) (County) (State)
BURIAL Spec	6-19-67	ST. MICHAELS	CEMETERY	FROSTBU	RG. MD.
24. FUNERAL DIREC		ADDRESS	25p, REC	D BY REGISTRAR 25b BI	EGISTRAR'S SIGNATURE
JOSEPH	R. DURST, SR.,	FROSTBURG, MD.	MATE	20 1967 Jec	carles Juage

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				2. USUAL RESIDENCE (Where	e deceosed lived, if institut	ion: Residence	before odmissir	on)
(	a. COUNTY ALL	GANY	MADVIAND			ALL I	ECANY	
-								
,	write RURAL and give n	earest tawn)		l ·		tat ond give in	colest lawing	
					RLAND	01.	e. IS RESID	DENCE
(	d. NAME OF HOSPITAL OR I	NSTITUTION (It not in hospit					ON A F	ARM?
1. PLACE OF DEATH a. COUNTY ALLEGANY  MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL HOSPITAL, CUMBERLAND 3. NAME OF DECEASED  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  ALLE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence o. STATE  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nor residence or r		YES	NOX					
		First	Middle (Van	degrifft) 4.		h	Doy Yes	ar
	(Type or print) ROB	RT	W. VAN	NDE GRIFT	DEATH JUN	F 17.	19	67
. 9	SEX 6. COI	OR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH				
	MALE WE	HITE WIDOW	VED DIVORCED	3-7-1917	lost birthdoy)	Months D	oys Hours	Min.
			b KIND OF BUSINESS OR			12 (1717)	EN OF WHAT	_
		n if retired)	INDUSTRY		10, 01 10.0.g 100 []		TRY?	10.4
12	CATHED'S MARK							JSA_
13.	FAIHER 3 NAME	(Vandegrift		14. MUTHER'S MAIDEN NAME				
_	** * ** ***				ALTH.			
			16. SOCIAL SECURITY NO. 17. I	INFORMANT	Addre	SS		
116.		ive wor or doles or service)	21/1-05-6001	MEMORIAL H	IOSPITAL . CI	UMBERI	AND.	MD.
	1B. CAUSE OF DEATH (E	nter only one couse per line					INTERVAL BET	
	PART I. DEATH WAS	CAUSED BY:	EREBRAL EDEMA				ONSET AND	YASH
	311	mine of the control of						
	Conditions, if ony, which	D. 6	THOLOGIC INTO	XICATION WE	TH FPILEPT	roin		
1		e (o), (	COMPLICAT	TONS		010		
		ouse	ITE CUDONIC	ALCOHOL ICH				
		(), V (	The VIIIIVIIIV	**************************************	ON CIVEN IN PART 1(a)		19. WAS AUT	OPSY
8	PART II. OTTLER SIGNIFICA	NI CONDITIONS CONTRIBUTI	NO TO DEATH BUT NOT KEEKTED TO	THE TEXAMINAL DISEASE CONDITIO	ON OTTEN IN TAKE I(U)		PERFORM	NED?
3		Tan					YES	NO X
MET			b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 1B.)			
5		,,			20f. (City or town)	(Count	Y) (	(Stote)
ME				ory, street, office blag., etc.)				
				JUNE 10 196	7 to JUNE	1 71967	that (1) (	We) In
	saw the decease	d glive-on- JUNE	16 19 67 and that	t death occurred at 12	: 2/3 Arom causes	and an the	date stated	abay
		111111						
	5	4/11/11	MI/ MI				17 L9	67
	22¢ PHYSIGHANS	17 pice	1/1	Tillis.	CIOK 11113. L	-		
		R. G. OVER	TON HYMELWRIC	SHT 133 VIRG	SINIA AVEN	HE CUM	ARERI A	ND
220	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To		ounty) (S	tote
Z30.	REMOVAL (Specify)				, ,	,		
0.4		6/19/67	Sunset Memori	Lal Park	Cumberland I	Lilegar	y Mary	Lanc
24	. FUNERAL DIRECTOR		ADDRESS	250. JACIONBY	2 GISTRA 1967 25b. P.	enter 1961	Alukena	Rea.
	H. Lee Silc	ox Cumberlar	nd, Maryland 2150	DATE DATE	"		()	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07348.	CERTIFICATE	OF DEATH	075	25			
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	CTATE	here deceosed lived, if institution: Reside MARYLAND b. COUNTY AL	nce before admission) LEGANY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND	c. LENGTH OF STAY IN 16 67 DAYS		side carparate limits, write RURAL and giv	-/-			
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspite		d. STREET ADDRESS		O. IS RESIDENCE     ON A FARM?			
MEMORIAL HOS				D. YES NO			
3. NAME OF DECEASED (Type or print) MARY		LBERT	4. DATE Manth OF DEATH JUNE	Day Year 2. 19 67			
S. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOW		6-24-1885	9. AGE (In years last birthday) Manths	Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) HOUSE WIFE	b. KIND OF BUSINESS OR INDUSTRY OWN HOME			OUNTRY?			
13. FATHER'S NAME SAMUEL BEAMAN		14. MOTHER'S MAIDEN N HESTER E					
(Vos na or unknown) (If you give war or dates of convice)		NFORMANT EMORIAL HO	Address  OSPITAL - CUMBE	RLAND, MD.			
Canditians, if any, which gave rise to immediate cause (a),	for (a), (b), and (c).) ngestive Heart nacute Myocard		etion	1 weeks			
last. (c) Art	years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  Carcinoma of the k	oladder (urina	ry)		PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	art I or Part II af item 1B.)				
Hour a.m.		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City ar tawn) (Co	ounty) (State)			
21. I certify that (I) (this hospital) of sow the deceased dive on June	tended the deceosed from M 2, 19 <b>67</b> , and that	death accurred at	67 to June 2, 19 5:25M, From causes and an	<b>67</b> , thot (I) (we) los the date stoted obove			
220. SIGNATURE  220. PHYSICIAN'S NAME (Type) DR WYAND F	220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF  PHYS. DIRECTOR PHYS. DIRECTOR DI						
DIV. WIAND I.							
230. BURIAL, CREMATION, BURIAL (Specify) 23b. DATE THEREOF JUNE 4 67	23c. NAME OF CEMETERY OR FBG. MEMORIAI	PARK	23d. LOCATION (City or Town)  FROSTBURG, MD	(Caunty) (State)			
24. FUNERAL DIRECTOR  JOSEPH R. DURST, SR., F.	ROSTBURG, MD.	2Sa. RES'P	BY REGISTRAR'S 256 REGISTRAR'S	SIGNATURE			

DATE

d in by the funeral sers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours bape TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with Page 4 may be retained by the hospital or attending physician.

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ALIERAN.	LESONA LOSSI.	1 -1 - 15	F. HOEBNEP,	DE. PRAND	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TATE	07543	M	EDICAL EXAMINER'S	CERTIFICATE O	F DEATH	01020
EPT.	o. COUNTY Alle	gany	MARYLAND	CTATE	Where deceosed lived, if institution b. COUNT	
Department	b. CITY OR TOWN (If outside write RURAL and give no Cumberland	eorest tawn)	45 years	11	tside corporote limits, write RUR/ nberland	AL ond give neorest town)
	d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS		e IS RESIDENCE
00	Residence-M			Me	xico Farms	ON A FARM?
	B. NAME OF DECEASED (Type or print)	First LENW	Middle	lost ALKER	4. DATE Month OF DEATH J	
orn.	S. SEX 6. COL	OR OR RACE 7. MARR	IED NEVER MARRIED	June 10,188	9. AGE (In years lost birthdoy) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS Manths Doys Hours Min.
ialici n	0o. USUAL OCCUPATION (Give ki luring most of working life, ever Retired Carn		b. KIND OF BUSINESS OR INDUSTRY Railroad		of Rock, Md.	12. CITIZEN OF WHAT COUNTRY? USA
2 5 5 5 5		lker			Barrett	
thin 72	IS. WAS DECEASED EVER IN U.S (Yes, no, or unknown) (If yes g	ARMED FORCES? ive wor or dotes of service)		. Raymond (	C. Walker Mex	
any event within 72 hours after death	PART I. DEATH WAS	iter only one couse per line CAUSED BY: AMEDIATE CAUSE (o)		RONARY OCC	CLUSION	SHAPT PARTHEATH
and in any e	Conditions, if ony, which or rise to immediate couse stoting the underlying or	(o), ( DUE TO		CORONARY	SCLEROSIS	es 00 00 00
	last.	(c)				
2	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Service of the servic	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTION CAUSE OF DEATH.		o. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)	
clemandi,	20c. TIME OF INJURY Mor Hour o.m. p.m.	V		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
priar ta burial,	death resulted fro	m: Natural causes	remains described abave, he of the scriber of the s	ide, Hamicide CHIEF MEDICALM.D. ASSISTANT MEDICAL DEPUTY MEDICA	Undetermined mo EXAMINER U ICAL EXAMINER U IL EXAMINER	25,196 <sup>22. DATE SIGNED</sup>
a the	NAME (Type) Dr.		kitarelic, M.D.		, city, town, or county)Rt.9	
LIBERT	BURIAL (REMATION,  BURIAL (Specify)	June 28,19	23c. NAME OF CEMETERY OR 67 Hillcrest Bu	rial Park	23d. LOCATION (City or Tow Cumberland.	Md. Allegany  ISTRAR'S SIGNATURE  (Stote)
(5)	James F. Sca		mberland, Md.	2So. REC'D	BY REGISTRAR 2Sb. REG	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07550 מיקבחיי

00000	CERTIFICATI	UF DEATH		01961
1. PLACE OF DEATH			Where deceosed lived, if institution	
o. COUNTY Allegany	MARYLAND	o. STATE	Md. • b. coun	Garrett V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	U .	itside corporote limits, write RUR	
write RURAL and give nearest town) Frostburg	4 Days	Granta	ville (Rural	) 11.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS	VIIIC (IRAI AI	e. IS RESIDENCE
	, 3			ON A FARM? YES NO TA
Miner's Hospital  3. NAME OF First	Middle	Lost	4. DATE Month	
DECEASED		LUSI	OF	74. 19.67
(Type or print) Ada May  S. SEX 6. COLOR OR RACE 7. MARRIEI	Wilburn  D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
S. SEA S. COLOR OF MARCHE			lost birthdoy)	Months Doys Hours Min.
Li e	KIND OF BUSINESS OR		1886 81 yrs.   & Stote, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY			COUNTRY?
Housewife O	wn Home	Jenning 14 MOTHER'S MAIDEN		l USA
		14. MOTHER 5 MAIDEN	NAME	
Charles Hoover  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	COCIAL CECURITY NO. 17		Bittinger	
(Yes, no, or unknown) (If yes give war or dotes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	55
18. CAUSE OF DEATH (Enter only one couse per line f		enzil Wil	burn, Grants	I INTERVAL BETWEEN
Conditions, if ony, which gove isse to immediate cause (a),	PREULATOR	y Distu	BLANCE	ONSET AND DEATH  7 LAYS  5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)
21. I certify that (I) (this hospital) atte	ended the deceased fram	death accurred at	1967, ta June 1 1:00 AM, from causes	4, 1967, that (I) (we) last and an the date stated above
220. SIGNATURE  Pair  22c. PHYSICIAN'S NAME (Type)	rong M	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b, DATE SIGNED June 14, 1961
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tov	
Burla1 6/16/6/	Hoover Cem			e Garrett Md.
24. FUNERAL DIRECTOR	ADDRESS	ZSo. REC'	D BY REGISTRAR   2Sb. REG	GISTRÁR'S SIGNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. ecian and campletely filled in by the funeral end remave carban papers. Pages I one **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending phy director, page 3 should be detached far use as the burial-transit permit. They should be filed with the State Dept. af Health prior to burial, crematian, ar remaya

VR A15 (4) 20 M 1/66

BOOTE BRAIN SYNGROME CIRCULATORY DISTURBANCE CEREBRAL ARTERIOS CLEROSIS P. Pain Story & X The Demonstrated

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8	07551		CERTIFICAT	TE OF DEATH		07528
)	PLACE OF DEATH     O. COUNTY	Allegany	MARYLAND		Where deceosed lived, if institution b. COUNTY	Residence before odmission) Allegany
	write RURAL on	If outside corporote limits, d give negrest tawn) berland	c. LENGTH OF STAY IN 16 11/3/1958	Cur	utside corporote limits, write RURAL nberland	01:1
5	Allegar	AL OR INSTITUTION (If not in Y County I	haspital, give street oddress) nfirmary	d. STREET ADDRESS	Columbia Aven	e. IS RESIDENCE ON A FARM2 YES NO K
	3. NAME OF DECEASED (Type or print)	First Elixa	beth Rebecca	Wilkins	4. DATE Month OF June	10, Year
	S. SEX Female	1.71-24-0	MARRIED NEVER MARRIED NIVORCED NIVORCED	B. DATE OF BIRTH 12/18/1882		IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Doys Hours Min.
	100. USUAL OCCUPATION during most of working Housew.	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home.	West Vi		12. CITIZEN OF WHAT COUNTRY?
		orge Washi			a J. Sharp	
	1S. WAS DECEASED EVE (Yes, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dates of ser	vice) 16. SOCIAL SECURITY NO. 17	informant P.O.	Box 599, Addre Gounty Infirma	umberland, Md.
			er line for (o), (b), and (c).) Arterosolum Meyoran	had for	Diseas =	INTERVAL BETWEEN ONSET AND DEATH
6	stoting the unde		generaly	ed dite	ursdersio	gr-
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	WAS AUTOPSY PERFORMED? YES NO
	(IF FITHER NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	26b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	20c. TIME OF INJU- Hour o.r	10		LACE OF INJURY (Home, for octory, street, office bldg., etc.		(County) (State)
	saw the d	ify that (1) (this haspital eceased alive an		nat death accurred at	19 ta 6/10/L M, fram causes ar	7, 19, that (I) (we) last and an the date stated abave.
	220. SIGNATURE  22c. PHYSICIAN'S	orge M/	Imon	M.D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED 6/10/1967
/	NAME (Type	George M.		Memori		umberland, Md.
	230. BURIAL, CREMATIC REMOVAL (Specify Burial	Jun. 12,	1967 Hillcrest F	Burial Park	23d. LOCATION (City or Town Cumberland	Allegany Md.
970	24. FUNERAL DIRECTO	R G. Kight	ADDRESS /Cumberland	LJUN	1 4 1967 25b REGIS	STRAR'S SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Pages rands should be filed with the State Dept. of Health prior to burial, cremotion, or removal, this in ony event, within 72 hours after death. Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

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### FOR STATE HEALTH DEPT

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
	Allegany MARYLAND	Maryland Alles c. CITY DR TOWN (If outside corporate limits, write RURAL	ZARY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL	and giva nearest town)
	Cumberland	Cumberland Maryland	01.1
	d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Sacred Heart Hospital D.O. A.	1204 National Highway	YES NO V
3.	NAME DF First Middle DECEASED	Lest 4. DATE Month	Day Year
	(Type or print) Thomas Edward	Williamson DEATH June	17 19 67
5.		8. DATE OF BIRTH 9. AGE (In years   IF UNDER last birthday)   Months	1 YEAR IF UNDER 24 HRS.
	Male White WIOOWED OIVORCEO	March 4, 1911 56 yrs. Months	Days Hours Min.
108	. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT
	ing most of working life, even if retired) INDUSTRY		DUNTRY?
AS 13	s't Vice President, Kelly Springfield FATHER'S NAME	114. MDTHER'S MAIDEN NAME	U. S. A.
15	Arthur Williamson	Edith Davis	
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) ((If yes give war or dates of service)		
	no	Wife: Clara A Williamson, Cum	berland, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronar	y Thrombosis, Left	Sudden
	4 2 0 1 DUE TO		
	Conditions if any which i	ry Sclerosis	
	gave rise to immediate		
	cause (a), stating the OUE TO underlying cause last,		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
T10	TACTIC OTHER STREET CONDITIONS CONTRIBUTION DOTTION ACCOUNTS	TED TO THE FERMINAL PRODUCTION OF STREET WATER	PERFORMED?
FIC	OCA ENTERNAL GALLOS MAG	INDER Contains Aura of Information Part Law Port II of Item 19	YES NO
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLOR CONTRIBUTING CAUSE OF DEATH.	IRREO. (Enter nature of injury in Part 1 or Pert II of Item 18	.,
SAL			inty) (State)
EDIC	While - Not while -	ry, street, office bldg., etc.)	
Σ		I an Autonou W Inquiry W	and In my opinion
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural causes X, Accident , Sui	cide, Homicide, Undetermined manner	
	ACTUAL Sounds + Abotasel	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE Demodet Delarch	CM.D. ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	DEPUTY MEDICAL EXAMINER I June 17,	
	NAME (Type) Benedict Skitarelic, M.D.	Address (Street, city, town, or couldumberlan	
232	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATDRY 23d. LOCATION (City, town or co	unty) (State)
	Burial June 20.167 St. Peters	& Pauls Cumberland, Mary	land
24	FUNERAL DIRECTOR	250 RECIO BY REGISTRAR 250 REGISTRAR	S SIGNATURE
	Lewis Stein, Inc. Jan Stem Inc.	cent MESATE	0
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VR AISME (5) 5M 1/65

TO DEPUTY MEDIC.

Maryland Liveray mily produced the second bnslradan Secret Ment Margital L.O. A. 1804 Method Highway Thomas Livered Williamon June Vale Laite Varie 56 Ass't Vice President, Kelly Scringfield Thouse, West Virginia U. S. A. sived daths Arthur millin madra Mile: Clars A Williamson, Gusberland, Md. Coronery Throsbonia, Left Sudden Coronary Scherceia

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Remedict Skitarelic, M.I. Senedict Skitarelic, M.I.

Burisl June 25, 67 St. Feters & sule Gumberland, key lend beris Stein, Inc.

### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS. Item #8 Film #G

U.6	200			CEKIIF	ICAIE	OF DEA	III				400	U	
1. PLACE OF o. COUNTY	Y Al	LEGAN'			YLAND	2. <b>USUAL RESI</b> E o. STATE	MARY	YLANI	<b>D</b> ь. сои	NTY AL	LEG	ANY	on)
write f	RURAL and given	HABEKL	AND	1WK . 11F		c. CITY OR TOW		corporote BERL		RAL ond giv	e neares	t town)	
d. NAME (		NSTITUTION (IF NO EMORIAL		ive street oddress) ITAL		d. STREET ADDR		BON	D STRE	ET		e. IS RESID ON A FA YES	
3. NAME OF DECEASED (Type or p	)		NINA	Middle J.		WILSO	M	DATE OF DEATH	Mon J	INE	Doy	, Yes	7
S. SEX FEMA		OR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE		B. DATE OF BIRTH	7770	9. A	ost birthdoy)	Months Months	Doys	Hours	Min.
100. USUAL OF	CCUPATION (Give k of working life, ever	ind of work done n if retired)	IND	ND OF BUSINESS OR DUSTRY  WIN HOME		11. BIRTHPLACE		te, or foreig	in country)	12. CI	TIZEN OF DUNTRY?	WHAT	SA
JACK	GRACII	<b>E</b>	DOM:	10110		14. MOTHER'S A							
	EASED EVER IN U.S. Inknown) (If yes g		of service)	OCIAL SECURITY NO. 10 1848	17. 1	NFORMANT ME MO F	RIAL	HOSP	Addr.		RLA	ND, N	ND.
1B. CAL	USE OF DEATH (En		ma	(o), (b), and (c).)	i (	Carres	uma	Ju	mois	l		RVAL BET	
	ons, if ony, which i	DUE	1 /						Col	n ·	6.	mmi	its
	mmediate couse the underlying co		TD (c)										
PART II.	OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	D DEATH BUT NOT REL	LATED TO 1	THE TERMINAL DISE	ASE CONDITIO	ON GIVEN I	N PART 1(o)			WAS AUTO PERFORMI	PSY ED? NO
OR CONT	IDENT WAS UNDERLINED CAUSE  R, NOTIFY MEDICAL	E OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of in	njury in Port	l or Port II	of item 1B.)				
20c. TIN	ME OF INJURY Mor Hour o.m. p.m.	nth, Doy, Yeor	20d. IN While of work	JURY OCCURRED  Not While of work		CE OF INJURY (Hor ory, street, office bl		20f. (0	City or town)	(Co	unty)	(	Stote)
	I certify that			ed the deceased	fram_ and that	death accurr	ed at	40 Apr	Wm causes	, 19_ and an t	, th	at (I) (v	ve) las abave
22o. SIG	GNATURE	brew	Sta	sko	M.D	111101	MED. DIRE	CTOR _	STAFF PHYS.	22b. D.	ATE SIGNI	16-	7
	AME (Type)	AVX XXX	CKIRREX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		22d. ADDRE	MXXXXXX	MAXXX	AND,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXQXX	10%
	AL (Specify)	JUNE 3,	1967	23c. NAME OF CEMI ZION MEMO		PARK**		CUM	TION (City or To BERLANI		(County)	(St	ote)
24. FUNERA	BYRON KI	GHT	CUM	ADDRESS BERLAND, M	D.		O. REC'D BY			GISTRAR'S S			e.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after deed. VR A15 (4) 25M 1/67

